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PARENTAL AND DISABILITY LEAVE

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BEFORE THE
SUBCOMMITTEE ON CIVIL SERVICE
AND THE
SUBCOMMITTEE ON COMPENSATION AND EMPLOYEE BENEFITS
OF THE
COMMITTEE ON
POST OFFICE AND CIVIL SERIVCE
AND THE
SUBCOMMITTEE ON
LABOR MANAGEMENT RELATIONS
AND THE
SUBCOMMITTEE ON LABOR STANDARDS
OF THE
COMMITTEE ON EDUCATION AND LABOR
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PARENTAL AND DISABILITY LEAVE

THURSDAY, OCTOBER 17, 1985

House of Representatives, Subcommittee on Civil Service and Subcommittee on Compensation and Employee Benefits of the Committee on Post Office and Civil Service, Jointly with Subcommittee on Labor-Management Relations and Subcommittee on Labor Standards of the Committee on Education and Labor,

Washington, DC.

The subcommittees met, pursuant to call, at 10:05 a.m., in room 2175, Rayburn House Office Building, Hon. Patricia Schroeder (chairwoman of the Subcommittee on Civil Service) presiding.

OPENING STATEMENT OF HON. PATRICIA SCHROEDER

Mrs. Schroeder. I am going to call the subcommittees to order. I am pleased to welcome you to this hearing on the vitally important issue of parental and disability leave. The fact that four subcommittees have joined together to hold this hearing is testament to the significance of these matters. Today, we will define the nature of the problem; later, we will explore establishing a national leave policy to solve it.

The United States is the only industrialized nation that does not have a national policy guaranteeing some type of parental benefits. Seventy-five nations—both developed and developing countries—have policies requiring leave and cash benefits. I have introduced legislation which is modest in comparison: a guarantee of job protection for all employees who are temporarily unable to work because of medical reasons and a national minimum standard of a 4-month unpaid leave for parent to care for newborn, newly adopted, or seriously ill children.

The need for such a policy is great. Ninety-six percent of fathers work. Today, more than 60 percent of American mothers also work. These parents want the option to stay home with their infants or their sick children with the knowledge that their job will be protected. Over the last number of months, I have received many letters from men and women who have been denied leave time with job protection to care for their families. A California woman took 8 weeks off from her work after a cesarean delivery and returned only to find someone else had her job. A young retail clerk from Montana was fired during her pregnancy for being an industrial risk because she had morning sickness. Coal miners have been denied unpaid leave to care for their children dying of cancer. Men and women who have been waiting years for a child to adopt have lost their chance because of being denied the required 6 months leave from their jobs to stay home with the baby.

With this hearing, we will begin to address and answer these problems.

We are going to go ahead and proceed because, as you know, there is a Democratic caucus going on and any number of other things happening. Let me first ask the very distinguished ranking member here, Mr. Myers from Indiana, if he has anything he would like to add at this time.

Mr. MYERS. Well, thank you, Madam Chair, and thank you for inviting us to participate in this hearing. I have no prepared statement, and I, too, have an 11 o'clock bill on the floor, a conference report, so I hope we can expedite this morning.

But this is an area with which we are all very deeply concerned. A growing problem as we find more single parents who have the problem that we are addressing here. It is an acute problem with not only scheduling and planning for Government as an employer, but also for the individuals who have a very real problem at home. So it is a growing serious problem, and will likely become more serious and a larger problem. So thank you for having this hearing and addressing this problem.

Mrs. SCHROEDER. Thank you very much.

Congressman Hayes, did you have anything you would like to add at this time?

Mr. HAYES. Thank you, Madam Chairman, I do have a prepared statement from Chairman Clay, which I would like to read into the record. He is unable, as you know, to be here today.

Mrs. SCHROEDER. We are not sure whether the chairman is celebrating the winning of the pennant by his city or what.

OPENING STATEMENT OF HON. WILLIAM L. CLAY, CHAIRMAN, SUBCOMMITTEE ON LABOR-MANAGEMENT RELATIONS

Mr. HAYES [for Mr. Clay]. Today, we begin consideration, as you have said, of parental and disability leave. It is obvious from the number of congressional subcommittees here today that this issue is of broad interest. We are overdue in examining the job security needs of employees taking leave from work to care for a newborn child or to recover from a temporary disability.

At present, the United States is the only industrialized country without a national policy protecting workers' jobs when they need to take parental or disability leave. There is no Federal policy regarding the protection of jobs, seniority, or health and pension benefits when an employee needs time off from work.

Only a few companies provide paid leave other than disability leave for childbirth. The limited protection that is provided derives from the Pregnancy Discrimination Act of 1978, which requires employers who provide disability insurance coverage to treat pregnancy as a disability. But there is no requirement that employers provide disability insurance in the first instance, and only half of all employers provide such coverage. In addition, the employers least likely to provide disability coverage are those with the highest concentration of female employees.

Leave policy has become increasingly important because of changes in both the family and the workplace. The typical family is now more likely to consist of two wage earners than one. Women are now almost half of the workforce, a 173-percent increase since 1974. Half of all mothers of children under 5 work. The financial need for women to work is greatest for single-parent households, more than 6 million of which are headed by women, who are also at the lowest income levels. Now is the time to change our image of the family and the workforce to comport with reality.

Parents shouldn't have to choose between their children and their jobs. Job protected parental and disability leave is both good for the family and good for business. For the workers, a national parental leave policy will improve job flexibility and security. For companies, the advantages are retention of skilled personnel and improved worker morale.

I look forward to the testimony of today's witnesses as they address the role of parenthood in the American workplace.

Thank you, Madam Chairman.

Mrs. **Schroeder**. Thank you very much, Congressman Hayes, for reading Chairman Clay's statement. He has been very, very helpful in bringing this hearing to fruition.

The statement of Ms. Oakar will appear in the record at this point.

STATEMENT OF HON. MARY ROSE OAKAR, CHAIR, SUBCOMMITTEE ON COMPENSATION AND EMPLOYEE BENEFITS

Ms. **Oakar**. I would like to thank Congresswoman Schroeder, Congressman Clay, and Congressman Murphy for asking me to join them in holding this important hearing. As Congresswoman Schroeder mentioned in her statement, she and I introduced a bill, along with several other Members of Congress, to address the issue of parental and disability leave policies. While the bill establishes basic guidelines for private and public sector employers, I believe that it is a good first step in protecting parents' rights on the job. I would also like to state publicly that I intend to pursue this issue at the Federal level, so that the Federal Government will act as a role model in granting leave to parents. Minimum standards are fine for workers, but the Federal Government, as the largest employer in the Nation, needs to address this leave issue more comprehensively.

Psychologists and physicians confirm that the first several months of a child's development are key to his or her growth and maturation. Yet, this country does not have an all-encompassing leave program for expectant mothers—who may need disability time prior to delivery—and to both the mother and father after the child is at home. Consequently, employers vary widely on what kind of leave program they will provide to workers. Many even disregard the father's role as care-taker. The employers who do allow mothers time off, will often provide no guarantee that the job will be open when the mother returns.

Statistics prove that leave policy of some kind is necessary. The number of working mothers will not decline. Similarly, the number of working mothers who support families is ever increasing, as is the number of two-earner couples. These thousands of parents are working to provide food and shelter for their children. It seems wrong that they should have to choose between work and child care.

As I mentioned earlier, a number of Members of the House have introduced the Parental and Disability Leave Act of 1985, H.R. 2020. The bill is a good first step in addressing this issue as a nation. Unfortunately, parental and disability leave is an area in which our Nation is behind the times. It is time for the United States to modernize its policy.

I look forward to hearing from the expert witnesses that will appear today.

Mrs. SCHROEDER. Let me call forward the first panel and begin this morning. We have Ms. Lorraine Poole from Philadelphia, PA. We have Mrs. Joan Specter, a councilwoman-at-large from Philadelphia, PA, and we have Ms. Wendy Williams, an associate professor of the Georgetown Law Center. We have another member of the panel whose plane was canceled, and she is trying to get here as soon as possible. So if someone walks up to the table, her name is Liberia Johnson from Charleston, SC. We hope she makes it.

We welcome the panel.

STATEMENTS OF LORRAINE POOLE, PHILADELPHIA, PA; JOAN SPECTER, COUNCILWOMAN-AT-LARGE, PHILADELPHIA, PA; WENDY W. WILLIAMS, ASSOCIATE PROFESSOR, GEORGETOWN UNIVERSITY LAW CENTER; AND LIBERIA JOHNSON, CHARLESTON, SC

Ms. POOLE. Good morning. My name is Lorraine Poole. On November 12, 1983, the caseworker from the adoption agency with which I had made application contacted me to inform me that I had been approved as a prospective adoptive parent—2 weeks later, I was told by the caseworker that a baby was available. This particular agency had been sensitive to my special needs. I was a single parent. Several agencies had refused to accept my application. For me this was one of the happiest moments of my life. Adoption is a long process that unfortunately does not always end with the placement of a child. I felt that for me the process was now over.

It was normal agency procedure for the adoptive parent to leave the workplace for a period of 6 months. This time, it was felt, was very important for both child and parent. As with birth parents, adoptive parents needed time for nurturing and bonding. This was considered vital with the placement of infants. I had completed all those conditions of the adoption agency, with one exception, the necessary time away from my place of employment.

I contacted the personnel division of the Philadelphia Recreation Department. The personnel officer listened as I explained what my need was, parental leave for adoption. There was a chuckle. She stated: "You've got to be in the hospital." I thought I had not made my meaning clear. I was not seeking maternity leave, but parental leave for adoption. It was then that I was told the only leave available for parents was maternity leave.

I did not believe this to be possible. I then contacted the union representative. Basically, he concurred with the personnel officer. He shared with me the plight of another female employee that had been in a situation similar to mine. This person had adopted a child from South America and did not know the policy practiced by the city of Philadelphia regarding parental leave. She was forced to take a personal leave of absence. She experienced problems returning to her position.

It was my understanding that the approval of personal leaves of absence was at the discretion of the personnel officer. The same policy held for the use of extended vacation time. I did submit a request for the use of vacation and personal leave of absence for a period of 6 months. I was given approval for 2 weeks vacation. When I asked for a review, I was told that there could be a promise that my position would be available when I returned to work. It was with this knowledge, without job security as a single parent, it would not be in the best interest of the child that I adopt at that time.

Councilwoman Joan Specter, of the city of Philadelphia City Council has earned a reputation for sensitivity regarding issues vital to all Philadelphians, particularly women. She had been aware of the need to help families, natural and adoptive. Through legislation sponsored by Councilwoman Specter, parental leave is a reality in the Philadelphia City Charter. Adoptive parents are no longer second-class parents.

Today, I am the proud adoptive mother of a beautiful baby girl, Scarlett. I was able to utilize parental leave for the period of time stipulated by the adoption agency and return to my position with confidence that it was there for me.

Mrs. **Schroeder**. Thank you very much.

Councilwoman Specter.

STATEMENT OF JOAN SPECTER

Mrs. **Specter**. Madam Chair, distinguished panel, I am Councilwoman Joan Specter from the city of Philadelphia, and I am delighted today to testify in behalf of proposed national parental leave.

Lorraine Poole has laid out the problem, the problem that we faced in Philadelphia; that there was a distinction between natural birth and adoption. When I took a look at the problem it seemed to me to be one of great concern. At the same time we were looking at the problem there was a case coming out of the city of Pittsburgh where a woman wanted to adopt a child and she met the same problem that Lorraine did. Through binding arbitration, the arbitrator said that maternity leave went to childrearing and not childbearing. When that definition was made it seemed to me to be clear that adoption fell under childrearing, maternal leave for the natural parents fell under childrearing. But more than that, there was another problem, and that was the equity for a man. Because men and women today are working together in the work force. We are talking about a shared partnership; and if women can have the opportunity for childrearing, then why should men not have the opportunity for childrearing?

So, in fact, we changed the entire definition and we changed the name from maternity leave to parental leave. I believe that that really brings equity to the situation. It recognizes what is happening, as you have spoken about this morning, what is happening in our work force today.

Let me just tell you what happened when I went before the civil service commission and asked them to change the rules. No one ever likes to change rules. They had a few concerns. One, they were sure that everyone would want one, and I assured them that everyone would not want one and that, in fact, there were not many people who were going to take off 6 months' unpaid leave. But they were still concerned, because however long a person took off, that person was not working and someone else would have to make up the time and there would be some inefficiency. Imagine inefficiency in government. So what they decided to do was to make the requirement such that the person who took parental leave off would have to be the primary caretaker. They would have to make the request in writing and, in fact, would have to submit an affidavit. And that they could not take any leave for 2 years after they had taken the parental leave.

How is it working in Philadelphia? Well, I think the women who request the leave are finding out that it is working fine. The problem is that none of the men in the city of Philadelphia know that we have such a thing as parental leave. What we are doing now is, after a year, we have finally gotten the civil service commission to agree to put into everyone's paycheck a notice that we have something called parental leave and it applies to men.

Thank you.

Mrs. **SCHROEDER**. Thank you very much.

[The prepared statement of Mrs. Specter follows:]

PREPARED STATEMENT OF JOAN SPECTER, COUNCILWOMAN-AT-LARGE, PHILADELPHIA, PA

Good morning. I am Joan Specter, City Councilwoman-at-Large for Philadelphia and I want to thank you for taking the time to hear testimony today on the proposed national parental leave law and allowing me to participate.

I am proud to say that Philadelphia is the first city in the country to offer parental leave to all of its municipal employees. All city employees are entitled to a leave of absence, without pay, for the birth or adoption of a child while retaining his or her same position if the leave does not exceed six months.

The issue of parental leave arose in Philadelphia in late 1983 when adoptive parents questioned their right to non-paid time-off. Prior to the change in the civil service rules establishing parental leave, adoptive parents were at the mercy of a department supervisor who decided whether or not to apply pregnancy leave to the applicant. Since the definition of maternity leave had always indicated child bearing, many adoptive parents were denied leave. Today you will hear testimony from Lorraine Poole, a Philadelphia city employee who will tell you of her personal experiences as an adoptive mother with the former system.

In October, 1983, a case out of Pittsburgh redefined maternity leave and said that maternity means childrearing, not just childbearing. With that new definition in place, the Philadelphia Civil Service Commission agreed to broaden the city's directive to parental leave. The Civil Service Commission had a concern with abuse of the leave and so said that the employee requesting the time off must be the primary care taker and must submit an affidavit to that effect. Also, a period of two years must elapse before a second parental leave can be taken.

A national parental leave policy is an important step toward recognizing the tremendous changes occurring in family life and the workplace. The number of working married mothers in this country has grown from forty-five percent in 1975 to fifty-nine percent in 1984. In the same year, almost half of all children in two-parent families had both an employed mother and father. Parental leave enables working couples to have a new flexibility which modern times demand. House bill 2020 recognizes that new mothers might prefer to remain in the workforce, either because they are earning more money than their husbands, or because it is important for them to avoid an interruption in their careers. New fathers may want the option of staying at home with their infant children. Parents may also want the security of knowing that their jobs will be guaranteed if their child becomes seriously ill. Since both mothers and fathers today must share equal responsibility for the care of their children, it is only right that we acknowledge this need by enacting a national parental leave policy. In a study of 118 countries around the world, the United States was the only industrialized nation that did not have a national parental leave policy. I would like to thank the members of this panel and Representative Patricia Schroeder for their interest in parental leave and taking repsonsibility for charting a new direction in our national policy.

Mrs. SCHROEDER. Now we welcome Wendy Williams, a professor at Georgetown.

STATEMENT OF WENDY W. WILLIAMS

Ms. WILLIAMS. Good morning, Madam Chair.

I am deeply pleased to provide testimony at this oversight hearing on H.R. 2020. For those of us who have worked since the early seventies on issues of concern to wage-earning parents and pregnant women, this bill is truly a milestone in our fight for workplace recognition of the basic needs of these wage earners and their families.

That work commenced in the early seventies with efforts to use title VII of the Civil Rights Act and the equal protection clause to remedy discrimination against pregnant women and working mothers and fathers who sought to fulfill parental responsibilities. Setbacks in the U.S. Supreme Court led to the passage in 1978 of the Pregnancy Discrimination Act, an amendment to title VII. The members of some of the committees represented here today played an important role in its passage. I testified and worked for the passage of that bill. I am gratified to be back today to testify for its logical sequel.

The results of the Pregnancy Discrimination Act, or PDA as we call it for short, has proven to be important and far-reaching. Employer policies requiring terminations and mandatory leaves for pregnant wage earners are plainly illegal. Pregnant women are entitled to work until childbirth or medical complications of pregnancy render their continued participation medically inadvisable and to return to work on the same basis as other temporarily disabled workers. Women disabled from work for pregnancy-related causes are entitled to claim paid sick leave, personal leave, disability benefits, and medical insurance and hospitalization on the same basis as other workers. Moreover, title VII has always been interpreted to require that a leave for the care of children be granted to men on the same basis as an employer grants such leaves to women.

What, in light of the existence of title VII and the PDA, is the necessity for a law such as the proposed Parental and Disability Leave Act? The answer lies in what the PDA and title VII do not do. Title VII with its amendments is an antidiscrimination law. Its aim is to prohibit employers from treating persons differently on the basis of race, sex, religion, and national origin. Compliance with title VII requires only that employers treat employees equally well, or equally badly, as other employees.

Specifically, if an employer grants paid sick leave and provides disability and health insurance coverage to employees in general, it must, under the PDA and title VII, provide equal coverage to pregnant wage earners who become sick, disabled, or require health care. If the employer provides such benefits to no one in its work force, it is in full compliance with antidiscrimination laws because it treats employees equally. Similarly, the employer is free to fire employees who take a leave to care for seriously ill or dying children or to bond with newly born or adopted children providing it does so evenhandedly without regard to sex. Thus, while title VII, as amended by the PDA, has required that benefits and protections be provided to millions of previously unprotected women wage earners in this country, it leaves gaps which an antidiscrimination law, by its nature, cannot fill. This bill, H.R. 2020, is designed to fill those gaps.

First among those gaps is the lack of basic job security when wage earners become ill. Most wage earners in the United States today are granted some right to time off for medical reasons, but the range of provisions from short, unpaid leaves to lengthy, paid disability leaves is enormous. Our work with PDA enforcement has made us painfully aware that those with minimum or no coverage tend disproportionately to be women and nonwhite, concentrated in industries where wages are low and women predominate. And we are especially concerned with the more than 6.4 million women who are single heads of household for whom, along with their financially precarious families, lack of job protection renders illness a catastrophe. The Parental Leave and Disability Act would fill that gap by creating a reasonable time period during which an absence from work for medical reasons cannot result in termination of an employee.

The majority of employers in this country already provide some protection. This bill would reach those most vulnerable among wage earners whose employers have not seen fit to provide their employees with minimum job security. In doing so, the bill conforms to principles of equality previously established under the PDA because pregnancy-related illness and injury would be included within this medical leave protection. More fundamentally, the bill addresses itself to a much larger structural inequity in the workplace, guaranteeing minimum protection to that disproportionately female, nonwhite segment of the labor force least likely to have job security when illness strikes.

The second gap to which the Parental and Disability Leave Act speaks is that created by the need of parents and infants for a timeout from parental work obligations when a child is newly born or adopted into a family. While the majority of employers now, because of the PDA, extend to pregnant women medical leaves and other medically related benefits available to other employees, the majority of employers do not yet provide an adequate parental leave for infant care purposes. All Western and Eastern European countries require employers to grant such leaves, as Dr. Sheila Kamerman has documented, and all provide for a time period longer than that proposed in this bill. We consider the 4½-month period established in the bill the bare minimum that must be provided. Dr. Berry Brazelton's testimony prepared for this hearing amply and movingly provides the justification for the selection of this minimum.

The typical wage-earning woman in this country will have two children while in the work force. Over the course of a working lifetime the leave time associated with caring for those two infants is small indeed, particularly when the benefits to family and society are weighed in the balance.

Importantly, the parental leave is available to parents of either sex conforming to the requirements of the equal protection clause and consistent with title VII's requirement. Beyond legal requirements, a sex neutral parental leave constitutes sound social policy permitting two-parent families to choose for themselves based on their particular needs and values which parent will avail herself or himself of the leave.

Finally, there is the gap left by the need of parents to care for seriously ill children. This need is both practical and psychological. Practical because there may be no one else to provide essential care, psychological because in most cases parents can provide far greater comfort and reassurance to seriously ill children than others not so closely tied to the child. A human society built upon the labor of all adult members of families would without question require that the work world accommodate to this fundamental need of parents and children.

Conspicuous by its absence from H.R. 2020, however, is any provision paralleling that of the other industrialized nations which provides some form of compensation during disability and parental leaves. Wage replacement is, in the case of medical leave, the difference between economic ruin and economic viability for families. In the case of parental leave, the availability of wage replacement will, as a practical matter, determine whether or not low-income workers can avail themselves of the leave option which H.R. 2020 would make available.

On the subject of wage replacement the bill takes a cautious approach. It mandates the creation of a congressional commission to study methods of providing some wage replacement during leaves. To me, this caution seems appropriate. A number of different models for financing leaves are in evidence around the world, some functioning at the State level in this country. An undertaking of the scope and significance of a national wage replacement program certainly warrants the best and deepest forethought we can bring to it. Indeed, such a study by a body as prestigious as a congressional commission is probably a political prerequisite for passage. At the same time, such a study should not become an excuse for unnecessary delay or inaction. Importantly, this bill requires the commission to make specific proposals to Congress for paid leaves within a defined period of time, thus avoiding such pitfalls.

In summary, then, the proposed Parental and Disability Leave Act would establish a universal floor below which employers could not sink in providing for important family needs of employees. Specifically, the bill would create reasonable periods of time during which employees could take leaves for medical reasons, early childrearing and to care for seriously ill children without the risk of termination or retaliation by the employer. It thus constitutes an urgently needed recognition of the revolution in the work force participation of women, especially mothers, and the prevalence of families all of whose adult members are in the work force. Perhaps most importantly, it addresses the needs of the most vulnerable of wage earners, the single woman head of household, the poignant human embodiment of the modern phenomenon labeled the "feminization of poverty." It thus speaks tellingly to that crucial intersection between job and home where family needs clash with the demands of a work world which relies as never before on female labor but whose personnel policies are more suited to a male work force with wives performing the traditional and necessary functions in the home.

H.R. 2020's job security provisions constitutes sound labor and family policy as well as contributing to the equality of the sexes. Wage replacement, the next step mandated by H.R. 2020, is a crucial element of adequate worker protection, especially for lower income workers.

Madam Chairwoman, it would be difficult to understate the importance and the timeliness of your bill.

Thank you.

Mrs. **Schroeder**. Thank you very much.

[The statement of Ms. Williams follows:]

TESTIMONY OF WENDY W. WILLIAMS, ASSOCIATE PROFESSOR OF LAW, GEORGETOWN UNIVERSITY LAW CENTER,[1] ON THE PARENTAL AND DISABILITY LEAVE ACT, H.R. 2020

I am deeply pleased to provide testimony at this oversight hearing on H.R. 2020. For those of us who have worked since the early seventies on issues of concern to wage-earning parents and pregnant women, this bill is truly a milestone in our fight for workplace recognition of the basic needs of these wage earners and their families.

The United States has experienced what can only be characterized as a demographic revolution over the course of the past twenty years, a revolution with profound consequences for the lives of working people, families, women and children. Female participation in the paid labor force has risen from nineteen percent in 1900 to more than 52 percent today; Forty-four percent of the U.S. labor force is now female. Between 1950 and 1981 the labor force participation rate of mothers tripled. By 1981, a larger percentage of mothers of preschool aged children participated in the labor force than did the percentage of married women with no minor children in 1950 and all women in 1900.[2] At the same time, the great bulk of women remain segregated in female-intensive, relatively low paid jobs, and are less likely than men to have adequate job protections and fringe benefits. Equally dramatically, an unprecedented divorce rate of fifty percent, and an increase in out-of-wedlock births, have left millions of women to struggle as the heads of households to support themselves and their children. Each of these phenomena, which affect women of all races, are most pronounced for black and other minority women. Today, married women's paid work is necessary to provide the basics of modern living for their families: single women heads of household who labor fulltime in the paid labor force often cannot keep their families above the poverty line.[3]

Economic equality for women is thus a modern imperative. Congress has begun to address that imperative on several fronts. The recent federal child support legislation, requiring states to provide mechanisms for collecting child support from delinquent parents, is a significant step; hopefully, state legislatures will see that hand-in-hand with better enforcement must go an increase in the levels of support ordered by courts. The focus of the battle for economic equality in the labor market is pay equity, the other half of the economic equation, and Congress is considering action in this realm as well. But what about that crucial intersection between job and home, where family needs clash with the demands of a work world which relies as never before on female labor but whose personnel policies are more suited to a male workforce with wives performing crucial family functions at home? It is to this crucial intersection—where hardship, damage and destabilization is unnecessarily and inappropriately visited upon families whose adult members are all in the paid labor force—that H.R. 2020 addresses itself. Measured by the supports provided to working families by the governments of every other industrialized nation in the world, the proposed legislation is modest indeed. Nonetheless, it mandates a crucial accommodation of work to family when wage earners are disabled, new children are born or adopted or children become seriously ill. It would set a nationwide floor below which employers cannot go in responding to the urgent, natural and legitimate needs of working parents and their children.

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[1] The views I express here are my own, and not necessarily those of my employer.

[2] Statistics on women workers are taken from Women's Bureau, Department of Labor, "Time of Change: 1983 Handbook on Women Workers." Bull. 298.

[3] See id.; see also Children's Defense Fund, "Black And White Children in America: Key Facts" (1985).

The needs of the proposed legislation were sown as early as 1968, when a task force of President Johnson's Advisory Council on the Status of Women recommended a general system of protection of wage earners against temporary wage loss because of disability and urged that pregnancy-related inability to work should be included within such a program.[4] In 1970, the Advisory Council itself recommended that women wage earners disabled by pregnancy be entitled to sick leave, disability and other medically oriented benefits accorded working people. In 1971, the head of the Women's Bureau of the U.S. Department of Labor, Elizabeth Duncan Koontz, published a law review article in which she reiterated the position that pregnant wage-earning women should be entitled to employer-provided medical benefits on an equal basis with other wage earners. She added that, in addition to the disability period for pregnancy, there should be provided a leave, available to parents of either sex, for the care of newborn children. She further suggested that the almost universal denial by public and private employers of benefits to pregnant workers that were granted to others constituted sex discrimination and that the Equal Protection Clause of the federal Constitution and Title VII of the Civil Rights Act of 1964 might be used to challenge such unequal treatment.

In the years immediately following publication of the Koontz article, a massive assault on detrimental employer maternity policies was carried on in the courts. As Ms. Koontz suggested, the Equal Protection Clause and Title VII were the legal tools used to assert employment rights for pregnant wage earning women. The women plaintiffs argued that equal protection and equal employment opportunity for women required that pregnancy be treated like other physical events that affected workplace performance. Employers could not, the women argued, treat able bodied pregnant workers as if they were incapacitated, terminating or placing them on unpaid leave. Neither could they treat them as ineligible for medical coverage, sick leave or disability insurance when they were in fact incapacitated or in need of medical care because of their pregnancies. Their claims, backed up in title VII cases by Equal Employment Opportunity Commission guidelines on pregnancy issued in 1972, were largely successful in the lower federal courts

The setbacks came at the highest level, in the United States Supreme Court. In 1974, the Supreme Court, in a case called *Geduldig* v. *Aiello*, 417 U.S. 484, held that discrimination on the basis of pregnancy is not sex discrimination under the Equal Protection Clause. While *Geduldig* eliminated the Equal Protection Clause as a basis for redress for pregnancy-based discrimination, that case did not address the viability of similar cases brought under Title VII. Federal courts of appeal and district courts continued with surprising unanimity to recognize women's claims brought under Title VII. Then, two and one half years after *Geduldig*, the Supreme Court applied the *Geduldig* reasoning to Title VII. In the 1976 case of *General Electric Company* v. *Gilbert*, the Court held that Title VII's prohibition on "sex" discrimination did not include discrimination on the basis of pregnancy.

Congress can't alter the High Court's interpretation of the Constitution but it can and does take action when that Court seriously mistakes the intent of a Congressional enactment. An amendment to Title VII, introduced soon after the *General Electric* case was announced and passed in October of 1978, rejected the Supreme Court's interpretation of Title VII. That amendment, known as the Pregnancy Discrimination Act or "PDA", added to the definitions section of Title VII the following caveat:

> The terms "because of sex" or "on the basis of sex" include, but are not limited to, because of or on the basis of pregnancy, childbirth, or related

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[4] The history and philosphy of the pregnancy litigation and legislation is recounted in greater detail in Williams, "Equality's Riddle: Pregnancy and the Equal Treatment/Special Treatment Debate," 13 "N.Y.U. Rev. L. & Soc. Change" 325 (1985).

> medical conditions; and women affected by pregnancy, childbirth, or related medical conditions shall be treated the same for all employment-related purposes . . . as other persons not so affected but similar in their ability or inability to work . . .

42 U.S.C. sec. 2000e-2(k). It thus made explicit in Title VII the theory underlying the EEOC guidelines and eight years of pregnancy litigation: pregnancy discrimination is sex discrimination. The PDA requires that employers look at how pregnancy affects work function and requires them to treat pregnant workers like others similarly affected by physical conditions.

The PDA thus took up where the lower federal courts left off because of the *General Electric* case. Its results are important and far-reaching. Employer policies requiring terminations and mandatory leaves for pregnant wage earners are plainly illegal. Pregnant women are entitled to work until disabled by childbirth or medical complications of pregnancy render their continued participation medically inadvisable and to return to work on the same basis as other temporarily disabled employees. Women disabled from work for pregnancy-related causes are entitled to claim paid sick leave, personal leave, disability benefits and medical and hospitalization on the same basis as other workers. Moreover, Title VII has always been interpreted to require that a leave for the care of children be granted to men on the same basis as an employer grants such leaves to women. That principle was unaffected by *Geduldig* and *General Electric* and remains in force today.

What, in light of the existence of Title VII and the PDA, is the necessity for a law such as the proposed Parental and Disability Leave Act? The answer lies in what the PDA and Title VII do not do. Title VII with its amendments is an anti-discrimination law. Its aim is to prohibit employers from treating persons differently on the basis of race, sex, religion and national origin. Compliance with Title VII requires only that employers treat employees equally well—or equally badly. Specifically, if an employer grants paid sick leave and provides disability and health insurance coverage to employees, it must, after the PDA, provide equal coverage to pregnant wage earners who become sick, disabled or require health care. If the employer provides such benefits to no one in its workforce, it is in full compliance with antidiscrimination laws because it treats employees equally. Similarly, the employer is free to fire employees who take a leave to care for seriously ill or dying children or to bond with and care for newly born or adopted children—providing it does so without regard to the employee's sex. Thus, while Title VII as amended by the PDA has required that benefits and protections be provided to millions of previoulsy unprotected women wage earners in this country, it leaves gaps which an antidiscrimination law cannot, by its nature, fill. This bill, H.R. 2020, is designed to fill those gaps.

First among these gaps is the lack of basic job security when wage earners become ill. Most wage earners in the United States today are granted some right to time off work for medical reasons but the range of provisions, from short, unpaid leaves, to lenghty paid disability leaves, is enormous. Our work with PDA enforcement has made us painfully aware that those with minimum or no coverage tend disproportionately to be women and nonwhite, concentrated in industries where wages are low and women predominate. And we are especially concerned with the more than four million women who are single heads of households, for whom, along with their financially precarious families, lack of job protection renders illness a catastrophe. The Parental Leave and Disability Act would fill that gap by creating a reasonable time period during which an absence from work for medical reasons cannot result in termination of the employee. The majority of employers in this country already provide such protection; this bill would reach those most vulnerable among wage earners whose employers have not seen fit to provide their employees with minimum job security. In doing so, the bill conforms to principles of equality previously established under the PDA because pregnancy related illness and injury would be included within this medial leave protection. More fundamentally, it addresses itself to a much larger structural inequality in the workplace, guaranteeing minimum protection to that disproportionately female, nonwhite segment of the labor force least likely to have job security when illness strikes.

The second gap to which the Parental and Disability Leave Act speaks is that created by the need of parents and infants for a "time out" from parental work obligations when a child is newly born or adopted into a family. While the majority of employers now, because of the PDA, extend to pregnant women medical leaves and other medically related benefits available to other employees, the majority of employers do not yet provide a parental leave for infant care purposes. All Western and Eastern European countries require employers to grant such leaves, as Dr.

Sheila Kamermann has documented,[5] and all provide for a time period longer than that proposed in this bill. We consider the four and one-half month period established in the bill the bare minimum that must be provided. Dr. Berry Brazelton's testimony prepared for this hearing amply and movingly provides the justification for selection of this minimum. The typical wage earning woman in this country will have two children while in the workforce. Over the course of a working lifetime, the leave time associated with caring for those two infants is small indeed, particuarly when the benefits to family and society are weighed in the balance. Importantly, the parental leave is available to parents of either sex, conforming to the requirements of the equal protection clause and consistent with Title VII requirements. Beyond legal requirements, a sex neutral parental leave constitutes sound social policy, permitting two-parent families to choose for themselves, based on their particular needs and values, which parent will avail herself or himself of the leave.

Finally, there is the gap left by the need of parents to care for seriously ill children. This need is both practical and psychological: Practical because there may be no one else to provide essential care; psychological because in most cases parents can provide far greater psychological comfort and reassurance to seriously ill children than others not so closely tied to the child. A humane society, built upon the labor of all adult members of families, would without question require that the work accommodate this fundamental need of parents and children.

Conspicuous by its absence from H.R. 2020, however, is any provision paralleling that of the other industrialized nations, which provides some form of compensation during diability and parental leaves. Wage replacement is, in the case of medical leave, the difference between economic ruin and economic viability for families; in the case of parental leave, the availability of wage replacement will, as a practical matter, determine whether or not low income workers can avail themselves of the leave option that H.R. 2020 would make available. On the subject of wage replacement, the bill takes a more cautious approach. It mandates the creation of a Congressional Commission to study methods of providing some wage replacement during leaves. This caution seems appropriate. A number of different models for financing leaves are in evidence around the world, some functioning at the state level in this country. Five states have disability insurance programs, providing partial wage replacement to disabled employees in the private sector. An undertaking of the scope and significant of a national wage replacement program certainly warrants the best and deepest forethought we can bring to it. Indeed, such a study, by a body as prestigious as a Congressional Commission, is probably a political prerequisite for passage. At the same time, such a study should not become an excuse for unnecessary delay or inaction. Importantly, the bill requires the Commission to make specific proposals to Congress for paid leaves within a defined period of time, thus avoiding such pitfalls.

In summary, then, the proposed Parental and Disability Leave Act would establish a universal floor below which employers could not sink in providing for important family needs of employees. Specifically, the bill would create reasonable periods of time during which employees could take leaves for medical reasons, early childrearing and to care for seriously ill children without the risk of termination or retaliation by the employer. For the reasons stated above, such job security provisions are warranted by the changing demography of the workforce and constitute sound labor and family policy, as well as contributing to the equality of the sexes. And wage replacement, the next step mandated by H.R. 2020, is a crucial element of adequate worker protection, especially for lower income workers. It would be difficult to understate the importance and timeliness of this bill.

Mrs. **SCHROEDER**. I truly want to thank the panel.

Let me move immediately to questions.

Congressman Myers, do you have any questions?

Mr. **MYERS**. No, I have no questions.

Mrs. **SCHROEDER**. Congressman Hayes, do you have any questions?

Mr. **HAYES**. Just one question. It is not out of curiosity. Either member of the panel may respond.

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[5] S. Kamerman, A. Kahn & P. Kingston, "Maternity Policies and Working Women" (1983); see also "Protection of Working Mothers: An ILO Global Survey (1964-84)" in "Women at Work," No. 2 (I.L.O. 1984) (reveals that many nations in addition to western and eastern European nations provide considerably more protection to mothers and families than does the U.S.).

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I wonder why haven't more employers responded to the need that is being evidenced for job-guaranteed parental leave. I wonder why. What is the reason behind the lack of more response?

Mrs. SPECTER. I think they haven't been pressed to do it. When I made my announcement in the city of Philadelphia and held a press conference, I found it interesting the reaction of the media from the various channels. They all wanted it at their stations, and they had been talking about it but no one had really been pressing management on it. I think it is something whose time has come. There is more conversation about it. Women see their rights and men see their rights more clearly in this area. But I think people haven't been pressing.

This bill is terribly important. It is not because there isn't pain out there, but no one has really been pressing terribly hard.

Mr. HAYES. Do you think the increasing concern may be on the part of people as a result of parental leave policy now being stretched; it is not just a woman's problem, it includes men. Do you think that might create greater interest?

Mrs. SPECTER. Oh, always when we have the men included.

Mr. HAYES. Thank you very much.

Mrs. SCHROEDER. Thank you.

Congressman Fawell.

Mr. FAWELL. Thank you, Madam Chairman. I am relatively new to this particular bill. But in your opinion, and any one of the three on the panel might respond, how does this affect smaller businesses? I am thinking in terms of a small law firm from whence I came where we had 8 attorneys and about 12 support personnel. How does it impact there? How would it impact on the business, and could it have a reverse effect where employers would try to do a little careful picking and choosing on the employees they would bring in?

Mrs. SPECTER. I think I might be able to answer that question because I own a small business. I have a small business that employs 20 people, so perhaps I could answer that.

Certainly when you have a small business and you lose one person who takes parental leave, you have to find some way of making that person's time up, or skill up. Yes, of course, it does affect the business. But that is not to say that we should not have this bill passed because there might be some effect. And what employers do is they recognize there is a law and they accommodate to it, and they have someone do double duty.

My sense is that you will probably not find a great many people taking the full length of time off because it is unpaid, and people in this world can barely make ends meet with two salaries. I think that it will have some impact, but, overall, I don't think it will be serious.

Mr. FAWELL. Is it contemplated that these people would go back, then, in the same position? Say they take the full 26 weeks, as I understand it, for what would be I suppose temporary disability?

Ms. WILLIAMS. The bill says the same or a comparable position.

Mr. FAWELL. Now, again for a smaller business where let us say you have got a crackerjack person who is doing semilegal work and that person is very important to the business. Now, if you lost that person for any appreciable length of time, you would have to bring someone else in. That would be very difficult if you couldn't promise any type of permanency.

Ms. Williams. It is interesting that you should pick law firms as the example. As a member of an all-woman's law firm a number of years ago, I can say that motivated employers find ways of coping with these things, particularly if they view it as an essential and normal function for firms to perform. But your concern with small businesses in general seems to me an important one and something that I believe we will have to get into when we get into detailed hearings on the specifics of the bill.

For the moment, perhaps we can just say that what the bill specifies is coverage to the extent permitted by the commerce clause. In other words, the businesses have to be engaged in interstate commerce to come within this bill. That is a constitutional requirement among other things. It does have the same kind of coverage that, for example, the Fair Labor Standards Act or the Equal Pay Act have, and we have a lot of experience looking at how those bills function. We will have to look more closely I think when the time comes. We also have the European experience now going back for sometimes 20 and 30 years that we can avail ourselves of to make decisions about how to handle the very smallest employers.

But it is obviously a very important question that this bill raises.

Mr. Fawell. Thank you.

Mrs. Schroeder. Now, I would like to call on the very distinguished cochair of this hearing, Congressman Murphy from Pennsylvania, who I must say has been terribly helpful in this whole thing.

We are showing all sorts of enlightenment from your State. It is wonderful.

Mr. Murphy. Thank you very much, Madam Chairperson.

I want to welcome the wife of my distinguished colleague, Senator Specter, and thank you, Mrs. Specter, for being with us. I want to ask you, and I commend you for your leadership in Philadelphia, is there any provision in the Philadelphia ordinance or regulations pertaining to compensation at any period of time during the leave?

Mrs. Specter. No, there is not. No, there is not at all.

Mr. Murphy. I think that is something I commend our chairwoman for; that we are going to try to address that problem, particularly with single-parent households it is a problem.

I would like to ask Professor Williams another question. In the definition of "employer" do you specifically understand it to exempt professions or do you think that professions would fit within the term of "engaged in commerce"? I know the term "employer" reads "engaged in commerce or in any industry or activity effecting commerce." Do you think that would relate to the professions, to clarify my colleague's question?

Ms. Williams. As I understand it, it certainly would reach, for example, law firms.

Mr. Murphy. Now, to follow up on that, when you have a law firm with a few employees—I was a country lawyer. I had one secretary. But I would have been very happy to have her have parental leave if that was necessary. But then during that time I would obviously have to hire another secretary, which poses a dilemma at the end of the 4½-month period. What do you do? Can you provide us with some insight as to what the country lawyer would then do?

Ms. **WILLIAMS**. Well, it seems to me that if, for example, a secretary suddenly fell ill with a heart attack or with some other problem, country lawyers are used to making do and covering in those circumstances. We all have thought traditionally that when someone becomes ill suddenly and unexpectedly we can try and accommodate that problem. It seems to me that we can take the same attitude toward a parent who takes a parental leave, except that we have the advantage of notice and being able to do a search in advance and establish a substitute for that person. So that in a sense it is an easier problem to deal with than the sudden disability problem. Which is not to understate that it is going to be a bit of a hassle. What is important is the overriding concern which is to make it possible for working families today to continue to meet their family obligations and to function in the work force. I think we owe them nothing less than that.

Mr. **MURPHY**. Thank you. Thank you very much, Madam Chairwoman.

Mrs. **SCHROEDER**. Thank you. If I could just testify a bit myself. I enjoyed watching my husband's law firm deal with this problem. And one of the things I think we haven't looked at enough is how technology has changed. They found with beepers, word processers, and computers at home they were able to work it all out. As you said, they had the leadtime and the planning and the opportunity to be creative with some of the groups that came in.

Mr. **MURPHY**. I say to be careful. You know some of us guys really don't want this protection. We might have to stay home and take care of the kids. [Laughter.]

Mrs. **SCHROEDER**. There is an honest man.

If we could just interrupt a second, I see our witness made it. We thank you very much for coming. We understand it was not easy this morning.

Ms. Johnson, let us now hear from you.

STATEMENT OF LIBERIA JOHNSON, CHARLESTON, SC

Ms. **JOHNSON**. All right. My name is Liberia Johnson. In 1978, I was employed by a retail store in Charleston, SC. I had worked at Sam Solomon for 5 years, 3 years full time and 2 years part time. I was trained to work the cash register, and I worked in several departments of the store.

I became pregnant in 1978, and I wanted to continue work. But when I became pregnant I started having difficulties. The job that I had I had to stand on my feet. I went to the doctor and the doctor told me that I had a thyroid, and he told me that if I continued to work that I would lose my baby. I also went to a specialist and the specialist told me the same thing. He said that the work I was doing would cause me to have a miscarriage. The doctor and the specialist gave me an excuse.

So I took the excuse to my job. When I took the excuse to my job, they accepted my excuse. The manager at the time told me that he accepted the excuse and when I had my baby I could come back to work.

I stopped work at 3 months of pregnancy. During my pregnancy I came into the store several times. I had a difficult pregnancy. I was in the hospital three times during my pregnancy because I almost lost my baby.

When I had my baby, I went and got my 6 weeks' checkup. The same day that I got my 6 weeks' checkup I went back to the store and I asked for my job. At the time there was a new manager, and he told me that he didn't have an opening. Well, I told him I knew that he was a new manager, but that the former manager had accepted my excuse and he had also put the excuse on file. Well, he told me, "I don't have a job, and I'm sorry."

Well, I felt hurt, because my family needed the income. I had several children at the time, and I was looking forward to coming back to work. Also, what hurt me was that I found out 3 days later that he hired someone else.

Well, I went to the unemployment office to file for my unemployment. When I went there, I waited, and I waited; and I got a letter and they denied me my unemployment. They said I could not get my unemployment; that I had quit my job and they would not pay me my unemployment. Not only would I not get my unemployment, I would not have a job.

I was very upset. I didn't know what to do. We had several hearings, and at the hearings they continually denied my unemployment. At that time I felt hurt; I was upset. I felt like I was being discriminated against. I don't know what the reason was, but that is the way I felt. So I went to the legal aid assistance; I told them my story, and I told them what happened. When I told them, we had another hearing. And at that hearing they also denied me.

At that time I met Tom Rubella and several other lawyers, and they said that they had been denying ladies unemployment for years due to pregnancy. You know, pregnancy is a form of life. It is not an illness or a disease; this is a form of life like everything else. He told me that they had a case going and asked if I wanted my name to be on it. It was me and one other lady. I told him yes, I would. He told me that it was not right to deny me my unemployment because I did not quit my work voluntarily.

Well, it took us about 4 years to win the case from the time that Tom Rubella filed the lawsuit. But in the end we won the case; and not only did they have to pay me, they had to pay about 5,000 other women for this discrimination they had against women. The Supreme Court made a decision, and at that time I was able to collect my unemployment that they had denied me.

Mrs. **Schroeder**. Thank you very much. We appreciate the tremendous effort that you made in getting here.

We interrupted the questioning, and let me now defer to our distinguished colleague from Wisconsin, Congressman Petri.

Mr. **Petri**. Thank you, Madam Chairwoman, for giving us an opportunity to look at this and hear these witnesses.

I have a couple of questions. I don't know if this is the panel to which to address them, but I will anyway. It says I think in the definitions or near the beginning of the bill that the 4-month leave is by reason of birth. So does that mean that the 4 months would run from the birth of the child or could they cover the pregnancy of an individual?

I am thinking of cases where people do have difficult pregnancies and it is basically impossible for them to work during at least the early stages of the pregnancy. Would that be covered by this legislation? Does the word "birth" rather than "by reason of pregnancy" have any particular meaning?

Ms. **Williams**. A good question, and it goes to the fundamental structure of this bill. This bill provides for leaves and the right to return for workers who are disabled for medical reasons and, in addition, a parental leave. The parental leave is solely for the purpose of childrearing with a newly born or adopted child. The disability provision covers any kind of medical reason for not being able to work, including, of course, pregnancy-related matters such as childbirth, when no woman that I know of is capable of working, and also the kinds of problems that Liberia Johnson described where she had a thyroid problem and had to stop working for medical reasons.

In other words, the pregnancy-related physical reasons for not working would be covered by the disability provision.

Mr. **Petri**. So that would be in addition to the leave by reason of birth?

Ms. **Williams**. Yes. The leave by reason of birth would be available to parents of either sex and is not related to the medical leave provision.

Mr. **Petri**. A second question. I guess it would work out in most cases in the nature of things. Because it is unpaid leave, if people are under economic pressure and it is not that important for them, they will work out an arrangement where one will stay with the child after birth and the other will continue with the job so that some money is coming in.

Is there any reason not to make that a requirement to avoid abuse, or at least require that the people, if they do take leave by reason of birth, be with the child? You could get situations which would cause the whole thing to go into disrepute, where people would leave the baby with grandma and go off on a 4-month vacation, and be entitled to their jobs back. Or is that prohibited somehow now?

Ms. **Williams**. The intent of the bill, as best I can understand it, is not to provide a vacation to someone or to allow both parents to take time off from work simultaneously. Perhaps some of those things need to be cleared up. But the intent here is to allow a parent to stay home with a new child strictly for purposes of childrearing. The definition of the purpose indicates that clearly enough. If someone wanted to use it for something else, they would not be using it for the intended purposes and the job protection provided in this bill would not need to be given to them. If they are using it for the intended purposes, they would be protected under the bill.

Mr. **Petri**. Thank you.

Mrs. **Specter**. Congressman, if I can respond to that. We had that concern in Philadelphia where we did change the regulations. Our regulations were changed to read primary caretaker. And that person did have to sign an affidavit that they were the primary caretaker, so it is sort of an easy thing to be rectified.

Mr. **Petri**. The only reason you need a law is if a dispute arises, really; otherwise, people handle it on a basis of mutual comity and expedience. But you could have cases where people would, I suppose, say you can't come back after this 4 months' leave; and say that you were not in fact taking care of the child, you took a weekend on the cape, or something like that. And this could start becoming an issue in hearings, so it might be helpful to spell it out somewhat or create presumptions of what is reasonable and what is not reasonable in that regard.

Ms. **Williams**. The bill refers to the Secretary of Labor, a rulemaking capacity. I would have to look more carefully at the bill, but it may be that is the intent of the bill to refer some of those matters for specific rulemaking to the Secretary of Labor so that things can be worked out as problems arise, and so that details like that can be specified after public hearings and a closer look at what the problems and situations are.

Mr. **Myers**. Madam Chair?

Mrs. **Schroeder**. Yes, sir.

Mr. **Myers**. I had not intended to ask questions because I wanted to hear as many witnesses as I could before 11. But I share some of the concerns that our colleague from Wisconsin, Mr. Petri, has brought up. I, too, share in that.

One other that bothers me. All of us I think, or most of us, embrace the spirit and intent of this H.R. 2020. However it is directed, the burden is entirely upon the employer to protect the rights of the employee. I think we in Congress have to consider both sides and be fair and equitable to both sides.

I see one other facet here that particularly maybe a father would take this opportunity to look for a job someplace else or maybe even take another job. There is nothing in this act that prohibits him from taking 26 weeks and working another job. Gee, I will take this opportunity to try another job. If I like it I will quit at the end of 26 weeks. If I don't, well, I will go back; I am protected.

There is nothing here that prohibits either the father or the mother from taking another job. I think there should be something written here to protect that abuse.

Ms. **Williams**. Well, presumably, if one is taking a disability leave, one has had to establish in some detailed way that one is, in fact, disabled. It is very clear in this bill that the Secretary of Labor is to set up criteria by which employers can ascertain that they, in fact, are not being abused in the way that you suggest, but rather that there is proof that the person is suffering from a serious disability. I would assume that if a person is in such a shape, a person is not going to be taking time to look for other jobs, nor would other employers be particularly interested in a person who is seriously ill at that moment.

So that I think the area for abuse here is rather small, although again, obviously, every provision which protects employee interests has some room for abuse in it. The State disability insurance program in California, for example, has functioned successfully for many years now, and they have worked out ways of checking to make sure that the paid disability program is not abused by employees. So we have models around that will begin to tell us and the Secretary of Labor, who will be in charge of working these things out, what kind of problems in fact arise and what kind of rules can be made to protect against those problems.

Mr. **Myers**. I thank you. But we in Congress like to write the rules.

Ms. **Williams**. I understand that.

Mr. **Myers**. This has a number of pages telling the Secretary how those rules shall be drawn as far as protecting the right of the employee, but we haven't told the Secretary of Labor how to protect the right of the employer. The employee is protected. And I am saying I think we have a responsibility to both. I think the parental leave is something that we should be addressing here, and I see an opportunity here, or a possibility of it being abused unless we write it in.

I was going to talk to the Chair about this, and I hate to take the time this morning, but Mr. Petri brought up the subject which has concerned me, too. Not only vacation, but an opportunity to explore a little bit and abuse what we intend here without any question. But it could be abused presently as I read the statute.

Thank you.

Mrs. **Schroeder**. Thank you.

We have also been joined by a very distinguished member of one of the subcommittees, Major Owens.

Do you have any questions at this time?

Mr. **Owens**. No questions, Madam Chairwoman.

Mrs. **Schroeder**. Well, let me say as the sponsor of the bill I totally appreciate what you are saying. I think it is very important to point out that the intent of the bill, is for the primary caretaker. I think anybody who has been the primary caretaker of a newborn knows that you probably can't go on a cruise.

Ms. **Williams**. I can testify to that.

Mrs. **Schroeder**. I can, too. I am always amazed that there seem to be some fantasy about what it is like to live with a newborn at the beginning.

One problem that I have with the bill, and one of the reasons I feel guilty about it is that it seems discriminatory against single parents because it doesn't provide money. I am sorry about that. We just are not sure that the country is ready to move that far that fast.

The other thing that I wanted to ask Councilwoman Specter, is do you have any policy in Philadelphia about seriously ill children? Or does anyone know of any employment policies about when a child is seriously ill what the parents can do?

Mrs. **Specter**. We do not have any policy in the city of Philadelphia. I was delighted to see that you were addressing some of that in this bill. I think it is a serious concern. People have discussed it with me, and we don't have a policy. I am taking this one step at a time the way you are.

Mrs. **Schroeder**. I also wanted to ask you if you see any particular pitfalls that we should look for. Since you have worked through this first part in Philadelphia, are there any specific problems that we should be aware of?

Mrs. **Specter**. Well, I think your panel has really addressed those concerns that the civil service commission in Philadelphia did, and that was what do you do when the employee is out? Who makes up the time? What is the cost to the city? And further, will there be abuse in the system? And we tried to address it as best we could.

Mrs. Schroeder. Have you seen abuse in the system?

Mrs. Specter. No; but it is really too soon to say. And I would doubt very much if the city tracks very well abuse.

Mrs. Schroeder. Let me just ask Ms. Johnson, too. During your years with the store, did anyone else ever take maternity leave?

Ms. Johnson. Yes, they did.

Mrs. Schroeder. They did. So yours was a very clear case of being treated differently, and that is why this legislation is so important.

Ms. Johnson. Yes, that is what I think.

Mrs. Schroeder. Thank you again. I want to thank the entire panel for being here.

Mr. Hayes. Would you yield just a minute for one brief question—30 seconds, that is all—for Ms. Johnson?

Mrs. Schroeder. I would be delighted to, yes.

Mr. Hayes. I might have missed it. You had two problems: one, you were denied your unemployment compensation, right?

Ms. Johnson. Right.

Mr. Hayes. And the Supreme Court ultimately ruled in your favor?

Ms. Johnson. Yes.

Mr. Hayes. Did you ever get your job back at the store?

Ms. Johnson. No, I never got my job back at the store. Never.

Mr. Hayes. OK.

Mrs. Schroeder. Thank you again so much for being here, and we really appreciate your testimony.

I would like to move along and call the next panel to the table. I would like to call Dr. Sheila Kamerman, who is a professor of social policy and planning at Columbia University School of Social Work; and I would like to call Dr. Alfred Kahn, who is a professor of social policy and planning at Columbia School of Social Work.

We are awaiting our third panelist, who also is having travel difficulties—this seems to be the morning of travel difficulties—Dr. Berry Brazelton, who is a professor of pediatrics at Harvard Medical School.

Meanwhile, again to both panelists, we are delighted that you are here.

If we can start with you, Dr. Kamerman, have at it.

STATEMENTS OF SHEILA B. KAMERMAN, PH.D., PROFESSOR OF SOCIAL POLICY AND PLANNING, COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK, ACCOMPANIED BY ALFRED J. KAHN, PH.D., PROFESSOR OF SOCIAL POLICY AND PLANNING, COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK, AND T. BERRY BRAZELTON, M.D., ASSOCIATE PROFESSOR OF PEDIATRICS, HARVARD MEDICAL SCHOOL, AND CHIEF, CHILD DEVELOPMENT UNIT, THE CHILDREN'S HOSPITAL

Ms. Kamerman. Good morning, Madam Chair. It is a pleasure to be here at this time. As someone who has been actively involved with this issue for close to 15 years now, both I and my colleague are delighted to see the proposal and to be present at this hearing.

I will summarize the highlights of our testimony and my colleague, Alfred Kahn, will supplement my comments and then will present our recommendations. I would also like to point out that we are both, in addition to being professors at the Columbia University School of Social Work, codirectors of a research program on comparative social policy at the university and have done extensive research both in the United States and internationally on this issue as well as other related social policy issues.

As you can see from our testimony, there are five points that we wish to make today:

First, labor force participation rates of young women who are recent mothers have increased astonishingly in the last 10 years.

Second, existing policies that take account of women's employment while pregnant, and permit job protected paid leave at the time of childbirth are very inadequate.

Third, most working women have no or inadequate job and income protection at the time of maternity; and the vast majority of employed parents have no right to take any time off for parenting responsibilities when they have a new baby.

The fourth point that we want to make is that by now more than 100 other countries around the world have national legislation addressing this issue, but we in the United States do not.

Finally, our fifth point is that there are several alternative policy choices that could alleviate this problem. One of the options is the proposed legislation.

I will address some of the details here, and I would like to begin by pointing out, as we all know, that women are experiencing an entirely different reality today than they did previously. The new reality for most working women today involves remaining in the labor force despite pregnancy and childbirth, as well as childcaring and childrearing responsibilities. It is this new reality and the inadequacy of the response in this country that has given rise to the proposed legislation, and to this hearing.

New data from the Bureau of Labor Statistics not yet published reveal that almost half—that is, 48 percent—of all women with children under 1 year of age and even more—half—49.4 percent of all married women with children of that age were in the labor force in March 1985. I want to stress this point because although obviously single parents and single mothers are particularly vulnerable at the time of childbirth, they constitute a minority of working mothers; we are talking about the majority of mothers. Half of all married mothers in this country are back in the labor force before their child is a year old. Within the last decade the labor force participation rate for married women with children under 1 year of age has increased by a startling 70 percent. In effect, labor force participation is increasingly the experience of the majority of women.

We don't have good national data on labor force participation rates of women while pregnant, but what studies we do have indicate that women are increasingly working throughout their pregnancy, very close to the time they give birth. Most physicians believe that women need approximately 6 to 8 weeks after childbirth to recover physically, and to get beyond the period when they are particularly vulnerable to disease. This is the period of maternity disability. It may begin at some point during the pregnancy, if there is a problem.

Most experts in child development believe that for some months after birth, children and their parents are especially needy of a close relationship with one another.

Our own research has been published in a book called "Maternity Policies and Working Women" (Columbia University Press), and in a number of other articles, In addition, our current research on the experiences of working women with young children in the United States, on the policies of employers and the experiences of their employees, and on existing State and Federal policies, discloses how inadequate the situation is in the United States concering pregnancy and postchildbirth leaves for working women.

Our research on the experiences of other countries in dealing with pregnancy, childbirth and the parenting of new babies underscores this inadequacy even more. For some highlights on the situation in the United States, let me remind you that to the extent that maternity or parenting benefits exist—that is, a job-protected leave at the time of childbirth and a cash benefit that replaces all or a portion of earnings lost while on leave—they do so as a consequence of either State-mandated, temporary disability insurance (TDI) collective bargaining agreements, or voluntarily provided employee benefits.

As we all know, the relevant Federal legislation passed in 1978, the Pregnancy Discrimination Act (PDA), basically required that firms providing short-term disability or sickness benefits, replacing all or part of pay while individuals are out on leave, and also assuring them job protection at that point in time, must also cover women at the time of pregnancy and childbirth. In effect, the law merely provided such protection in the case of women who were working in firms in which the employers already provided such benefits for other disabilities. That law did not require that employers provide any type of job protection or disability insurance if none existed before. Similarly, the PDA legislation meant that all States providing short-term or temporary disabiity insurance protection for workers in the State at that time, must cover pregnancy and childbirth also. It did not mean, however, that all States must pass such laws. And indeed, no State, has passed such a law since the PDA was passed. The most recent law was passed in Hawaii in 1969. In effect no legislation now guarantees job protection to those away from work on leave because of short-term, non-work-related disabilities; and of course no law assures the replacement of all or part of that income. Many people mistakenly assume that the PDA has guaranteed such protection to women. As we know, that is not the situation.

There is at the State level, however, a model that does include a disability leave component and even a partial wage replacement component through disability insurance. Five States: California, Hawaii, New Jersey, New York, and Rhode Island, in addition to Puerto Rico, have TDI laws requiring employers to cover their workers against the risk of non-work-related disabilities under a plan that pays a benefit replacing about half the worker's wage up to a maximum, usually for a period not to exceed 26 weeks.

Obviously, in the case of maternity-related disabilities, we are talking about a much briefer period of time. The duration of TDI benefits for maternity disability in those five States that have these laws, averages between 6 and 10 weeks. And that includes women who have had cesareans, complications and so forth.

The States with TDI coverage account for about one-quarter of the private employment wage loss for sickness in the United States and include about 22 percent of the total U.S. labor force. Clearly, there is no severe—or even modest—abuse of sickness and disability benefits. I might also point out that State TDI legislation covers small employers, also. And the program is very inexpensive, too.

Now, for a look at the situation of what employers do. Most employees are dependent upon employer/supervisor benevolence or on sick pay or on temporary disability insurance in fringe benefit plans provided by the company either on its own initiative or through a collective bargaining agreement. And most large companies with such plans include both salaried and hourly workers.

The national data that exist on what employers provide and what employees receive are highly inadequate at the present time. To the extent that such national data exist—and I am talking here about Bureau of Labor Statistics studies, Department of Labor surveys, chamber of commerce surveys, and so forth—they are largely based on data from large- or medium-sized firms; in addition they tend to confuse sickness benefits with disability benefits. This is a very important distinction because for firms that have sickness benefits, the coverage may be a few days, or at most a week or two. It is only when employers provide short-term disability insurance that the amount of time that a woman needs to recover from the physical process of giving birth will be covered.

My colleague and I carried out a national survey under the auspices of Columbia University. The results were published in our book, "Maternity Policies and Working Women," this was a survey of a random sample of 1,000 employers from around the country; approximately 260 responses were received. The basic finding of that survey is that, at most, 40 percent of all working women in the United States in 1981, were covered with the kind of disability insurance benefits that would permit them to be away from work at the time of childbirth for the 6- to 8-week minimum that most doctors recommend, and have some form of income as well as job protection at that time.

Our survey found, also, that most women, probably close to two-thirds of all working women, have some unpaid job-protected time off at the time of childbirth, but the amount of term is quite modest still. We found that most working women were permitted to take off perhaps 2 to 3 months at the time of childbirth as an unpaid leave; but many of these policies were informal and discretionary, without a formal guarantee of job protection.

Another national survey based on the Fortune top 1,500 companies, in other words, the leading companies in the country, found that approximately 80 percent of the respondents to the survey provided some form of short-term disability insurance benefits. We must remember however, that these were the leading firms in the country, and most women certainly do not work for such firms.

With regard to something like paternity leave, or a broader definition of parental leave, I would point out that although our survey and the survey carried out by Catalyst, the organization that addressed the survey of the Fortune 1,500 companies, discovered that perhaps a quarter of all fathers were permitted some form of unpaid leave, the duration of that leave varies enormously. The leading companies usually permit fathers something closer to the amount of time off that a woman might be permitted. In our own more representative survey, however, we found that men were fortunate if they were permitted to have a few days off at the time their wives gave births—enough time so that they could help their wives come back home from the hospital for example.

The startling thing is that despite the fact that the Catalyst organization was surveying leading firms, the overall results are really very, very modest. Even among the companies whose benefits and policies are the most generous, there is a significant group of working women who still do not have either job protection or income protection at the time of childbirth. And if we look at the vast majority of women in this country, clearly, they don't have that kind of protection at all. Moreover, if we talk about benefits for adoptive parents, only a tiny group have any such benefits.

Briefly, in terms of taking a look at how other countries compare, the contrast and the comparison is really quite startling. As I indicated, more than 100 countries around the world have some national legislation which assures working women at the very least, and often working parents, some time off at the time of childbirth and early parenting and protects them in terms of job security; and usually, I might add, there is natural legislation that also assures them of medical care at that time, something that many employed women in the United States still do not have.

The modal pattern in terms of paid leaves for employed women in Europe is about 6 months at the present time. In addition, most countries permit supplementary unpaid job-protected leaves, often lasting for one year. Furthermore, of particular importance is the growing trend toward including in these parenting component as well as a disability component.

Thus, Sweden, for example, provides for a 1-year, paid parent leave—at close to full wage replacement—that can be shared by both parents. Only one parent can use the benefit at a time. A similar policy exists in all of the Nordic countries. Paid parenting leaves are now being discussed in several countries and exist already in a supplementary, unpaid job-protected leave in such countries as France and Germany. In several of these countries, including France, Germany, and all of the Scandinavian countries, there is also national legislation that permits employees who are parents of young children to take some time off without loss of pay when a child is ill and requires care at home. Thank you.

[The statement of Ms. Kamerman follows:]

Parental Leave Policies: Documenting the Need, Establishing New Policies

(By Sheila B. Kamerman and Alfred J. Kahn, Professors, Columbia University School of Social Work)

There are 5 points we wish to make in our testimony today:

1. Labor force participation rates of young women who are recent mothers have increased astonishing in the last 10 years.
2. Existing policies that take account of women's employment while pregnant, and permit job protected paid leave at the time of childbirth are very inadequate.
3. Most working women have no or inadequate job and income protection at the time of maternity; and the vast majority of employed parents have no right to take any time off for parenting responsibilities when they have a new baby.
4. More than 100 other countries around the world have national legislation addressing this issue, but we in the U.S. do not.
5. There are several alternative policy choices that could alleviate this problem; one such option is the proposed legislation.

The details follow below.

THE NEW REALITY FOR WOMEN AND THEIR BABIES

Most of us are familiar with the dramatic increase in the labor force participation rates of women during the last two decades, in particular with the rise in the rates for women with young children. There is increased awareness, also, that fewer women are leaving their jobs when they become pregnant, or remaining away from work for very long even after they gave birth. What is less known is the actual rate of labor force participation rates for women with infants—babies under one year of age—and the astonishing growth in these rates over the last decade.

The new reality for most working women today involves remaining in the labor force despite pregnancy and childbirth, as well as child caring and rearing responsibilities. It is this new reality—and the inadequacy of the response in this country—that has given rise to the proposed legislation, and to this hearing.

Census data, summarized in the table below, give evidence of the steady increase in the proportion of recent mothers aged 18 to 44 years old (the prime child bearing years) in the labor force. Labor force participation rates (FEPR) for women who had a baby within one year of the survey, increased from 31 percent in 1976 to 38 percent in 1980 and 43 percent in 1983, a more than 40 percent increase in 7 years.[1] Although all the women interviewed had had a child within the past year, some had infants that were only a few week old while others had babies who were almost one year of age. By age group, 32 percent of recent mothers 18 to 29 years old were in the labor force in June 1976, compared with 42 percent in 1983. Similarly, among 30 to 40 year olds, 28 percent were in the labor force in 1976 while 45 percent were in 1983.

TABLE B.—WOMEN WHO HAD A CHILD IN THE LAST YEAR AND THE PERCENTAGE WHO WERE IN THE LABOR FORCE: 1983, 1980, AND 1976

[Numbers in thousands]

Age of woman and survey year	Number of women	Percent in labor force
18 to 44 years old:		
1983	3,625	43.1
1980	3,247	38.0
1976	2,797	30.9
18 to 29 years old:		
1983	2,682	42.4
1980	2,476	38.2
1976	2,220	31.8
30 to 44 years old:		
1983	942	45.1
1980	770	37.3

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[1] U.S. Bureau of Census, Current Population Reports, Series P-20, No. 395, "Fertility of American Women: June 1983", Washington, D.C.: Government Printing Office, 1984. The report was prepared by Carolyn C. Rogers.

TABLE B.—WOMEN WHO HAD A CHILD IN THE LAST YEAR AND THE PERCENTAGE WHO WERE IN THE LABOR FORCE: 1983, 1980, AND 1976—Continued

[Numbers in thousands]

Age of woman and survey year	Number of women	Percent in labor force
1976	577	27.6

Source: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 395, "Fertility of American Women: June 1983," Washington, D.C.: Government Printing Office, 1984.

New data from the Bureau of Labor Statistics reveal that almost half (48 percent) of all women with children under one year of age, and half (49.4) percent of all married women with children of that age, were in the labor force in March, 1985.[2] Just 10 years ago in 1975, the rate for all women was 31 percent and for wives, 29 percent. *Within the last decade the labor force participation rate for married women with children under one year of age has increased by an astonishing 70 percent!* More than 80 percent of employed women are in the child bearing years and 93 percent of these are likely to become pregnant during their working lives. Unfortunately, recent national data on the percentage of pregnant women who worked through all or most of their pregnancies are not available, but several non-representative studies suggest that the rate is very high, and still rising.

Most physicians believe that women need about 6 to 8 weeks after childbirth to recover physicially, and to get beyond the period when they are particularly vulnerable to disease; this is the period of maternity "disability." Most experts in child development believe that for some months after birth, children and their parents are expecially needy of a close relationship with one another.

Our research on the experiences of working with young children in the U.S., on the policies of employers and the experiences of their employees, and on existing state and federal policies, discloses how inadequate the situation is in the U.S; our research on the experiences of other countries in dealing with pregnancy, childbirth, and the parenting of new babies underscores that inadequacy even more.

The situation in the U.S.

To the extent that maternity of parenting benefits—a job-protected leave at the time of childbirth and a cash benefit that replaces all or a portion of earnings lost while on leave—exist in the U.S., they do so as a consequence of either state-mandated temporary disability insurance (TDI), collective bargaining agreements, or voluntarily provided employee benefits.

The only relevant federal legislation, the Pregnancy Disability Act of 1978 (PDA), required that pregnant employees be treated the same as empoyees with any temporary disability. This is interpreted to mean that women employed in firms providing short-term sickness or disability leaves and insurance replacing all or part of their pay also have the right to paid leaves at the time of pregnancy and childbirth. (And women employed in firms providing health benefits must be covered to the levels provided in the policies for pregnancy and maternity medical costs also.[3] It does not mean, however, that all employees must provide disability insurance, or even paid sick leaves; only that if they do they cannnot exclude pregnancy and maternity from coverage.

Similarly, the PDA legislation meant that all states providing short-term or temporary disability insurance protection for workers in the state must cover pregnancy and childbirth also. But it does not mean that all states must pass such laws. Indeed, none has since the PDA was passed; the most recent TDI law as passed in Hawaii, in 1969.

No legislation now guarantees job-protection to those away from work—on leave—because of short-term, non-work-related disabilities.

The PDA is mistakenly assumed by many in industry and in the society generally to have led to almost complete coverage of women employees, guaranteeing them a job-protected leave and ensuring the replacement of at least some portion of their lost wages for some period of time around childbirth, usually up to eight weeks for a normal delivery. The reality is very different.

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[2] Unpublished data from the Department of Labor, Bureau of Labor Statistics, provided by Howard Hayghe and Elizabeth Waldman.

[3] A significant number of working women, especially young women, are still not covered by health insurance where they work, or as dependents.

STATE TEMPORARY DISABILITY INSURANCE (TDI)

Five states (California, Hawaii, New Jersey, New York, and Rhode Island), as well as Puerto Rico, and the railroad industry have TDI laws requiring employers to cover their workers against the risk of non-work related disabilities under a plan that pays a benefit replacing about half the worker's wage to a maximum, usually for a period not to exceed 26 weeks (39 in California). TDI benefits expire either when the employee is no longer disabled or when the employee becomes eligible for Federal Disability Insurance under Social Security and/or for benefits under company supplementary long-term disability insurance. Some companies' long-term plans come into effect after brief periods, such as two months. The 1983 benefit maxima in the five states ranged between $135 and $177 weekly, replacing about half the wage—or more—for most female workers. The duration of TDI benefits for maternity disability in these same states averages between six and ten weeks.

The states with TDI coverage account for about one-quarter of the private employement wage loss for sickness in the U.S., and include about 22 percent of the total U.S. labor force.

EMPLOYER-PROVIDED BENEFITS

Most members of the labor force are dependent upon employer-supervisor benevolence or on sick pay-temporary disability fringe benefits plans provided by the company (on its own initiative or through a collective bargaining agreement) if they are to be covered. Most large companies with such plans include both salaried and hourly workers.

National data on what employers provide or what employees receive are far more limited concerning this benefit than for health insurance or pensions. There are some data for large and medium-sized firms; and there are estimates on employees' coverage. In 1981 about 57 percent of private wage and salary workers were estimated to have such coverage.[4] However, this figure includes workers with just sick leave benefits as well as those with private or state disability insurance. Of all those with some protection, some 38.7 million persons actually had insurance plans with partial wage replacement after a 3-5 day wait, and usually lasting for up to 26 weeks. The remainder simply had sick pay eligibility, tending to range between 6 and 15 days.

These data, along with those reported by the Bureau of Labor Statistics in its survey of large and medium firms, tend to overstate the extent of protection against such risks because they are biased towards big firms and because they include somewhat disparate types of protection. Thus, for example, although most employers who provide disability insurance also have sickness benefits, most companies that provide sickness benefits do not provide shrot-term disability coverage. As a result, for workers in these companies, income protection—and job protection, where it exists—is generally for a much briefer period, usually less than two weeks.[5]

A Columbia University survey of a random sample of 1,000 companies (260 respones) was carried out in 1981.[6] The survey found that coverage was much less extensive than popularly believed. Including those states having TDI, about half the private sector workers, at most, are covered by some form of disability or sickness benefits, providing income replacement for about six to eight weeks at the time of a normal childbirth. Because this survey, too, was somewhat biased towards medium and large firms, and because we found as others have that "generosity" of benefit coverage was highly correlated with the size of the firm, and because women are more likely to work for smaller firms, a more accurate coverage estimate would probably be *less than 40 percent of working women have income protection at the time of maternity that will permit them a six week leave, without severe financial penalty.*

Although most working women have some unpaid, job-protected, time-off at the time of childbirth, an important accomplishment of the 1970, these policies are still quite modest also. (There are no precise national statistics.) This survey found that most working women are permitted to take 2 to 3 months off, including, where provided, the paid disability leave. Many small employers, however, in particular those in states with no TDI, permit less. Job protection sometimes is a matter of formal policy, but often is informal and discretionary. Large, major firms provide 6 months leave, with a very few permitting up to one year, including the period of disability. Most working women in the U.S. could not afford to stay out this long, in any case, if the leave is unpaid.

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[4] Daniel B. Price, "Cash Benefits for Short-term Sickness, 1979," "Social Security Bulletin, Vol. 45, No. 9, September, 1982), pp. 15-19. Also, "Cash Benefits for Short-term Sickness, 1978-81," Social Security Bulletin, Vol. 47, No. 8 (August 1984), pp. 23-28.

[5] Price, op. cit.

[6] The results of this survey, co-directed by us, are reported in Sheila B. Kamerman, Alfred J. Kahn, and Paul W. Kingston, "Maternity Policies and Working Women," New York: Columbia University Press, 1983.

A national survey of the maternity and parential leave policies of the leading 1000 industrial and 500 financial service companies was carried out in 1984 by Catalyst, a national nonprofit organization concerned with enhancing career and family options for employees in the corporate sector.[7] Of the 384 companies that responded to the questionnaire, 308 or 80 percent provided short-term disability insurance coverage for pregnancy and maternity.[8] Among the 320 companies reporting the length of maternity related disability leave taken by their female employees, 63 percent reported 5-8 weeks and 32 percent reported 9-12 weeks, the maximum period indicated. Fewer than 5 percent reported less than 5 weeks as the average length of disability leave taken.

About half the Catalyst respondents offer women additional unpaid leave—usually labelled "personal leave" but sometimes called "parental" or "child care" leaves—and almost one third offer it to men. Of those firms providing such a leave, most by far give between 2-6 months; about half offer 2 or 3 months and half 4 to 6. Of the 30 percent of the respondents offering men an unpaid leave, more than half permit of the same 2-6 months. The Catalyst survey found few differences in the leave policies for women managers compared with non-managers.

The Columbia University survey found about 25 percent of the firms permitting men time-off for parenting, not much less than the Catalyst survey, given the larger number of small and medium firms studied. One major difference between the two, however, is that the Catalyst survey found men and women given the same amount of time-off, while the Columbia Survey found a very different pattern. Paternity leaves were overwhelmingly limited to a few days—or at most two weeks—in the firms providing them, usually as personal leave. Unpaid leaves for women were often classified as unpaid disability leaves, and therefore covered a significantly longer period. Those men most likely to take a post-childbirth leave took time off to be with their wives during childbirth, to help her come home from the hospital, to take care of older siblings during the first days after childbirth, or to help in the first few days at home adjusting to a new baby. Male employees who actually took a signficant amount of time off, to actively participate in child care and parenting remain very rare. What most male workers say they want and do not have, is the right to take off a few days—at most two weeks—without losing pay, or being stigmatized. Paternity leaves are still more of a media issue in the U.S. than an employee benefit reality.

Despite the fact that Catalyst was reporting on the policies of the leading firms, provision seems astonishingly limited. One interesting finding of both studies is that the vast majority of women employees out on maternity-related leave are away from work for a remarkably brief time: usually less than three months. Surveys that ask female employees how long they would like their post-childbirth leaves to be, report that most responses are quite modest: between three and six months.

By the standards of major industrial societies and in relation to a broader concept of what is needed, current U.S. policies are very inadequate. Most working women have no right to a paid maternity disability at all (beyond a few days) and none have a right to a paid leave that goes beyond a brief period of "disability". No firm and no state provides for a paid maternity-related leave that lasts more than an absolute maximum of 12 weeks and most provide far less or none at all. Generous, leading employers permit parents to take unpaid time-off for parenting for about 6 months, and in a few instances one year; but in several of these firms, obtaining the same or comparable jobs is an issue when these longer leaves are taken, and few employees can take full advantage of them in any case, since they cannot afford the income loss. At least one-third of all working women have no right to an unpaid, but job-protected leave that covers the full period of disability.

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[7] Like that of the Columbia University Survey, their response rate also was 26 percent.

[8] Catalyst, "Preliminary Report on a Nationwide Survey of Maternity/Paternal Leaves," New York: Catalyst's Career and Family Center, 1984. No final report of the survey has been published as yet, however one excellent article on the study is Phyllis Silverman, "Maternity/Parental Leave Policies: Strategic Planning for a Changing Work Force," New Jersey Bell Journal, Vol. 8, No. 2, Summer 1985, 33-40.

The inconsistencies between percentages reported here and some reported in articles on the Catalyst survey is that Catalyst computed percentages based on the number of repondents to each item. To obtain a more accurate picture, where appropriate, we have computed percentages based on the total number of respondents to the survey.

Currently, there are also court challenges as to whether the right to a disability leave after childbirth may specify job protection. Most firms today guarantee women returning from a leave a "comparable job", but the definition of "comparability" is becoming an increasingly debated issue even in relation to brief leaves.

All that has been described, thus far, applies to natural parents only. Fourteen companies provided adoption benefits in 1980, and 18 in 1981, often at a level comparable with that for natural parents. Not only is this coverage available to just a minute portion of the labor force but the benefit relates only to adoption costs, and does not cover leaves.

Finally, there is an issue of equity that emerges where these benefits are concerned. For most working women, whether or not they have any kind of job and income protection at the time of childbirth is a function of where they live as well as where they work. Women who work in states with TDI have at least a minimum floor of protection. Women who do not, however, are totally dependent on what their employers provide voluntarily; and most employers, as we have indicated, do not provide very much in the way of income-protected, job guaranteed leaves.

How does the U.S. compare?

The U.S. is unique among more than 100 other countries including almost all the advanced industrialized countries and many less developed ones, in having no national legislation that guarantees a woman who is not working because of pregnancy and childbirth: (a) the right to a leave from work for a specified period of time; (b) protection of her job while she is on leave; and (c) a cash benefit equal to all or a significant portion of her wage.[9] Although most countries provide these benefits through national health insurance, 16 countries have such benefits despite the absence of health insurance. Various policy instruments other than health insurance have been used to provide maternity and parenting benefits, including unemployment insurance (Canada and Austria), a special maternity benefit (Israel), parent insurance (Sweden), an employment benefit (Britain), and a benefit combining health insurance and mandated employer provision (Federal Republic of Germany). In Europe, three months paid maternity leave is the minimum provided. F.R. Germany provides six and one-half months and Sweden, one year of paid leave. The modal European pattern is about six months.[10] Most countries also have laws requiring employers to provide supplementary unpaid but fully job-protected leaves lasting for at least one additional year, following the end of the paid leave. In most countries, adoptive parents can qualify for these benefits, too. Finally, we would note there is a growing trend in Europe for post-childbirth leaves to includes fathers as well as mothers, for at least some portion of the leave.

CONCLUSIONS AND RECOMMENDATIONS

Inevitably, as more women choose to remain in the labor force despite pregnancy and childbirth, the demand for policies that assure women time-off with job and income protection at the time of pregnancy and childbirth, and assure employees who are new parents similar protection as they adjust to becoming parents, is growing—and will continue to do so. There has been some increase in governmental and employer responses to this demand, but thus far these developments have been modest. We urge attention to this issue now.

It is in this context that we make the following recommendations:

1. Require that employees be allowed parental leave in cases involving the birth, adoption, or serious illness of a child and temporary disability leave in cases involving inability to work due to nonoccupational medical reasons, with adequate protection of the employees' employment and benefits rights.
2. Establish a federal, contributory, temporary or short-term disability insurance benefit, to cover partial wage or salary replacement, while an employee is out on disability leave.
3. Create an incentive for states to legislate temporary disability insurance programs comparable to the five state plans that now exist.
4. Extend public programs to ensure health insurance (and thus coverage of physician and hospital costs) for employed women whose employers provide none and

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[9] Kamerman, Kahn and Kingston, "Maternity Policies and Working Women."

[10] For a summary of European and Canadian developments, see Sheila B. Kamerman, "Time for Babies," "Working Mother," September, 1985. For a worldwide overview, see "Women at Work" No. 2, 1984 (Geneva, Switzerland: International Labour Office.)

who are not covered as dependents under another plan. These women now tend to fall in the gap between women working for employers with good benefits and those eligible for Medicaid.

APPENDICES

1. Shelia B. Kamerman and Alfred J. Kahn, "Company Maternity Leave Policies: The Big Picture," "Working Women" (February, 1984).
2. Shelia B. Kamerman, "Time Out for Babies," "Working Mothers" (September, 1985).

STATEMENT OF ALFRED J. KAHN

Mr. KAHN. Madam Chair and members of the committee, I would like to supplement very briefly my colleague, Dr. Kamerman's comments, and then then to say a few words about our major recommendations in this field. In so doing, I also plan to comment on two or three of the points that were brought up in the exchange between the committee and the earlier witnesses.

First, Congressman Hayes asked why we haven't done anything. I was interviewed by a TV station in New York yesterday on this issue, and the questioner said, "I think we shouldn't do anything in this field. Why should the small number of people having children, be supported by the many who don't?" My answer was, "That kind of logic would close the public school system pretty quickly, as well, I suppose, as much else by way of public amenity in this country and basic social infrastructure. Who will defend our country or pay the Social Security benefits of the childless except today's children, no matter who their parents?

Madam Chairman, this is the country with the most elaborate child development research in the world. If there were a Nobel Prize for child development research, we would win it just as we would win in some other fields, every year. Yet we are the only country that knows so very much about child development and about the significance of the way in which parents and children get started together after childbirth which doesn't have national statutory protection for some period of physical recovery after childbirth and for a period at the beginning of parenting.

Second, the question of small business. We have been very concerned about this matter and have written a whole section about it in our own book. The small business issue is a complicated one, and the committee will have to consider how small is "small" particularly in relation to interstate commerce. It is certainly true that if you have a mom-and-pop shop with two workers, you may have a special problem. However, I should also like to point out to the committee that we have a rapidly developing industry of temporary personnel that is taking on major roles in helping companies so that they may avoid hiring permanent staff when they need filling in. This is a service that can be developed and will be developed if every business has the same obligations on parental leaves.

It is when you depend on the benevolence of the employer or collective bargaining, where some employers will have a marginal advantage if they don't do this, that it becomes difficult. A statutory requirement that would go across the board would be very helpful. The temporary help industry is part of the answer to the small business need for coverage.

Third, I would like to point out again, although Dr. Kamerman mentioned it, and it is in her testimony, that the temporary disability legislation in our five States which call for wage replacement, replaces at about 50 percent of a relatively low wage. The Europeans replace almost total salary to take care of the problem of single mothers that you have been discussing. One must be able to afford to stay home, and without wage replacement, many mothers cannot stay home.

I also should like to stress that the TDI legislation in the five States is very inexpensive legislation and several of the States are running surpluses. This isn't a big drain on State treasuries or anybody else's treasuries. We are talking about 50 cents a worker a week or something of that dimension, depending on how you formulate the benefits.

Our recommendations grow out of what Dr. Kamerman said and some of these additional ideas. We think that the single most important thing to do is to get a protected leave for at least some minimum period, along with wage replacement. With all due respect, the committee is developing an important form of public education, and the notion of the commission is splendid, but we would like to see States move as quickly as possible, and five States already have done it without having hurt themselves.

We would like to see a rapid spread of State TDI while the commission considers a similar type of minimum Federal legislation. We have a splendid precedent in the 1935 legislation for unemployment insurance. A modest Federal paryoll tax was largely reimbursed to the States if they did something, and that is how we built our employment insurance system, allowing substantial State options rather than trying to administer a uniform law nationally the Federal Government set the minimum, the floor. Thus the unemployment insurance legislation is something the proposed commission or the committee itself might want to look at.

Another point has been made by several people. The leave allowance for the disability following childbirth, tends to be six seeks in many places, but Dr. Lamerman and I have found many large firms in which women are pressured to come back after 4 weeks, (company doctors may say, "You are not disabled anymore. We won't protect your job anymore if you don't come back." Although when their own doctors push it far enough, they often can protect them, patients who need more time there is no reason to have to push it that hard. In addition—and this is the second component—we would like to see something done about the parenting leave which follows the time for physical recovery. Again, temporary disability legislation and labor contracts in firms that have collective bargaining is tending to give people 4 to 6 weeks and sometimes 8 under temporary disability. There is no child development psychiatrist or psychologist or many mothers who feel that children are properly related to their parents that quickly.

The Europeans have a 12-week minimum; even in the countries that are poor, 14 weeks is more common—6 months is becoming the modal pattern; 8 or 9 months is not unusual. American child development research supports that the 6 to 8 weeks common in the United States is disgraceful. We ought to be able to move to a parenting component after the disability leave, and make it available to either parent, with full recognition that although the men will probably not take it frequently at first, it is part of support for the social change that is now characteristic of our country.

We would also stress the need to do something about health insurance coverage for people who don't have it. How otherwise are the medical—hospital costs of childbirth to be met? As you know the people who don't have health insurance coverage as a fringe benefit tend to be women, minorities, low-skilled people. It is perhaps not to be considered part of this proposed legislation, but something for the Congress to keep in mind.

I think this is the point at which I should stop. I see our colleague, Dr. Brazelton, has made it, and it is time to hear from him.

Mrs. **Schroeder**. Thank you.

Dr. Brazelton, you could not have picked a better time. We will put your full statement in the record, and I know you have a film. Do you want to start with the film?

STATEMENT OF DR. T. BERRY BRAZELTON

Dr. **Brazelton**. No, I would like to talk a little bit first about the purpose of the film.

Mrs. **Schroeder**. We welcome you.

Dr. **Brazelton**. I love to follow my colleagues, Sheila and Al. I am pleased to have been invited by you all to participate in your discussion on critical issues of parental leave at the time of birth, of adoption, and of serious illness, of children. I counted up that I have worked with some 30,000 parents over the last 35 years. And over the years, I have become increasingly concerned with the pressures that are increasing on all classes of men and women as they struggle to earn a living and to raise their young children.

Many of them are all but overwhelmed by the tasks of working and caring. All of them, and their children, need the support and the protection of our whole society if our future generations are to thrive and reach their potential. Not only future generations of children are at stake, but contemporary families in our society are under more pressure than they can handle. The statistic that 58 percent of our children will have been raised in a single-parent family by the time they are 18 is a frightening one to me.

I think it is almost a symptom of a breakdown in our society that over half of our kids will not have two parents for a large part of their lives, and I think it is time we thought about the family as a target for this Government. This morning I want to talk to you about the experience parents go through as they prepare for a new baby and assume responsibilty for his or her care because I see that as a major opportunity for strengthening the family, not only for the baby's sake, but for the parents.

I guess I am as worried about working parents and their development as I am about the baby and what he might be going through—he or she might be going through. So I would like to confront the early months of adjustments to either a natural or an adopted infant as an important opportunity for cementing a family at a time when over half of our families are breaking up.

And I think this is an opportunity for your committee and for the Congress to think about what we can do to strengthen families rather than allow them to go on tearing themselves down, so this is what I would like to talk about. I think, first of all, that since 50 percent of mothers of children under 5 are already in the workforce, and the projection is that 70 percent of them will be by 1990, we are already into a society where the old model of attachment of a mother staying at home with her baby, and the father out working is no longer feasible. And it is holding us back.

We are all stuck with our wish for the mother to be at home. When I worked with industry trying to get them to have onsite day care, which are the things that Al and Sheila fight for, all industry says if a mother has a baby, it is her problem, as if it were a problem to have a baby. And I think to face two working parents as if it were a problem, is missing the point.

What we have got to do is find ways to make this exciting and rewarding and important, so we have got to get rid of the old model of attachment and look behind it for what it means to parents and babies to be separated and to be pulled apart. We don't have very good research, I don't think. I think the research that we do have about what it means for a baby to be in day care or in substitute care so far has been done mostly with a bias.

If you look at it, it is either bias to prove it is OK, or to prove it is not OK. And so we need more long-term research and we need new indicators for the research, but we don't have any research that shows us what it means to parents to give up their baby too soon. And so I go back to my own clinical experience in pediatric practice for 35 years now in Cambridge, and two of the things have really alarmed me. I have a prenatal visit now with parents in the last trimester of pregnancy routinely, and I get them to come to see me, and we spend 10 minutes talking about what is going to be like for them, and how I want to join them with whatever kind of baby they get.

And I no longer can get mothers or fathers to talk about the fears they have about having a damaged baby or an impaired baby. All parents dream about having an impaired baby. They all dream about it. It is part of the normal turmoil of pregnancy to wonder what would I do if I had an at-risk baby, and yet parents won't do that if they know they are going back to work too early.

They guard themselves against attaching to that baby with the powerful ambivalence that I think is there to be generated to attach. They guard themselves from that because they are afraid if I have to leave this baby too soon, I don't dare care that much because what I see later is that parents that know they are going to have to give up their baby too soon to another care-giver go through an automatic kind of grieving.

What I mean by grieving is what Lindeman in the Cocoanut Grove fire in Boston that when you lose somebody that is precious to you, you automatically blame yourself, feel guilty, helpless, responsible, and you defend yourself with three defenses. Defenses are normal, healthy, and they are always there. These are always there, and a mother who is going to have to leave her child too soon to day care or to substitute care—denial, denying that it matters, denying that the baby is going to suffer, or that they are suffering, and it distorts their vision.

That is one reason why mothers won't go to see what is happening during the day in a day care center to be sure that the child isn't being molested. And what they will say is, "I can't stand to see my baby in somebody else's arms." This is if it is too soon. The second thing is projection; projecting on to other people the responsibility for that baby and taking the secondary role for themselves, and the third is detachment—detaching not because they don't care, but because it hurts so much to care.

Now, those are defenses that are going to be there inevitably if we allow mothers and their babies, or fathers and their babies perhaps, too, to pull away too soon. And I don't think we can afford that in a society where relationships are breaking down anyway and where we need to strengthen them rather than pull them apart. Well, that is true for working parents.

Single parents have even more trouble at present, and the other thing that I would like to stress is that we need to think about fathers. I know your bill is beginning to touch that, but we really need to back fathers up for the trend that is going on right now for them to participate in their new families. If we don't, we may lose that really major step for men. And I think that is a big step.

Well, so what do we do? I don't think we can afford the grieving that it is going to happen. So, how long is it going to be necessary, at least, to avoid that kind of grieving for a parent who is working to be at home and protected for being at home in our society?

This leads to the research that we have been doing on early attachment, and how parents and infants develop bonds together. And we don't think it happens overnight or in the delivery room, and we think it is hard work to get to the point of caring about a baby and feeling good about yourself as a parent, and we find in our own work that there are four stages predictable, and we can look at a film and tell you which stage parents and infants are in in this process of getting attached to each other, and then being ready to detach at 4½ months. So in the first 4½ months, there are four stages of development that are predictable and are necessary for both the baby and for the parent before we really have a secure attachment.

I think we have got to fight for that much freed up time for people to make choices and to begin to feel competent to that baby and to feel competent about themselves. And with that, I would like to show the film, because I hope all of you can see how critical this interaction is to both the mother and the baby as you watch this film of a baby.

[Film being shown.]

Dr. **Brazelton**. This is a 2-month-old baby, if we can get it right. There it is. He is 2 months old. The mother and the baby have been together for 2 months.

Now watch the mother imitate the baby; the baby imitates the mother. The baby turns her off, and then will come back to her absolutely certain she is going to be there. The mother is certain when she smiles, she can get a smile out of the baby. And they both know where they stand with each other.

Now as she leaves him, watch what happens. He looks around trying to figure out what the hell has happened. What am I going to do. And then he sees her loom in sight again.

Now, we have asked her this time not to respond to this 2-month old baby, and it takes him 10 minutes to realize she is not in synchrony with him any longer—I mean 10 seconds—that she is not responding to him the way he expects and has built up in 2 months an expectancy for what she should do when he does certain things.

In this baby at 2 months of age, he has 15 different programs to try to bring the mother back into this critical interaction. And if you watch her face, the kind of pain and sadness you can visualize. Now, they get back together, and you can see them cement to each other again. And look at those lighted eyes in the baby and the lighted eyes in the mother. The rhythms of turning away, coming back, trying out all sorts of physiological and attentional mechanisms on each other, and the learning that is going on cognitively and affectively between those two, I don't think can be replaced in any other experience I know of, and I bet any parent in this audience will say the same sort of thing. So we can turn it off now.

I really wanted you to see a baby. I can't talk about babies without seeing them. And I think when you see what it means to that mother, and what it means to protect her so she has a free choice about how long she can learn about herself and that baby that it is hard not to fight for it. I think the other side of that bill that you are preparing, is the same sort of thing for adoptive parents.

It is a very big hump to get over, no matter how hard you have prepared yourself for an adoptive child, to finally get to that baby and the kind of excitement, the kind of anticipation, and the kind of fear that goes with it, and then getting a baby who, if he is old enough, will be in a depression about being shifted from one place to another and finding that none of your wishful thinking is coming true for the first few days or first few weeks or first few months, is very frightening. And it can upset a relationship for good, I think, if we aren't careful. So an adoptive baby and a sick baby, these are times for real opportunities for backing people up for empowerment. And to me that is the real word for most of the parents and particularly target parents in this country.

If we could empower them to feel good about themselves as people, about themselves as nurturing people, about themselves as adults who can pass that sense of empowerment on to their children, I think we have the kind of society we all want. So I would love to see you fight for it.

[The statement of Dr. Brazelton follows:]

T. Berry Brazelton, M.D. Associate Professor of Pediatrics, Harvard Medical School and Chief, Child Development Unit, the Children's Hospital

I am pleased to have been invited by the Subcommittees on Labor Management Relations and on Civil Service to participate in your discussion of critical issues of parental leave at the time of birth, of adoption, or of serious illness of children. In my work with some 30,000 parents over the last 35 years, I have become increasingly concerned with increasing pressures on all classes of men and women as they struggle to earn a living and to raise their young children. Many of them are all but overwhelmed by the tasks of working and caring; all of them, and their children, need the support and protection of our whole society if our future generations are to thrive. Not only future generations of children are at stake, but contemporary families in our society are under more pressure than they can handle; separation and divorce are more likely than they need to be.

This morning I would like to talk with you about the experiences parents go through as they prepare for a new baby and assume responsibility for his on her care. I want to outline, too, phases we observe in the development of the young infant and the new parent and, perhaps more important, to describe the interaction between infants and parents that is such a crucial part of the earliest months of life. I would also like to address the needs of adoptive parents and their children and of families confronting the serious illness of a child. I see early months of adjustment to a natural or an adopted infant as an important opportunity for cementing a family. At a time when over half of our families are breaking up, this is no small consideration toward the development of nurturing adults within the family system.

WORKING AND CARING

Over half of the mothers in the U.S. in 1981 were employed outside the home [26]. By 1990, it is predicted that 70% of children will have two working parents. The number has been increasing each year since World War II, and 10 times as many mothers of small children work now as did in 1945. No longer is it culturally unacceptable for mothers to have jobs. In fact, the practice has become so widespread that many mothers at home feel that they "should" be working. There is a general feeling that (a) unless she works, a woman is missing out on part of the world, and (b) taking care of a home is not sufficiently rewarding work. These feelings create unspoken pressures on women today, making new mothers wonder when they should return to their job or begin to look or train for one. At each domestic frustration, at each spurt in their baby's independence, young mothers are apt to question whether their baby's need to have them at home still outweighs their own need, to have a job.

At the same time, countering the various pressures on women to work, there is still a strong bias against mothers leaving their babies in substitute care unless it is absolutely necessary. Since society does not yet wholeheartedly support working mothers and their choices about substitute care, in the back of young mothers' minds a nagging question tends to persist: Is it really all right for mothers to work? Indeed, this troubling question may reflect the age-old, commonly cherished image of the "perfect mother"—at home taking care of her children.

In addition, the loss of the extended family has left the nuclear family unsupported. Strong cultural values are no longer available to new parents, while tearing issues, such as nuclear war, ecological misuse, and overpopulation, parallel the tearing issue of changing roles for women and for men. As each sex begins to face squarely the unforeseen anxieties of dividing the self into two important roles—one geared toward the family, the other, toward the world—the pressures on men and women are enormous and largely uncharted by past generations. It is no wonder that many new parents are anxiously overwhelmed by these issues as they take on the important new responsibility of creating and maintaining a stable world for their baby.

We do not have enough studies yet to know about the issues for the infant. the studies we have are likely to be biased, or based on experiences in special, often privileged populations [16]. We need to know when it is safest for the child's future development to have to relate to two or three caregivers; what will be the effects on a baby's development of a group care situation; when babies are best able to find what they need from caregivers other than their parents; when parents are best able to separate from their babies without feeling too grieved at the loss. In a word, we need information on which to base general guidelines for parents. For it could be that the most subtle, hard-to-deal-with pressure on young adults comes indirectly, from society's ambivalent and discordant attitudes, which create a void of values, making the building and nurturing of a family very difficult.

Another serious threat to a new family is posed by the very instability of its future as a family. Largely because of divorce [26], 58% of children in the U.S. will have spent a significant part of their lives in a single-parent home. Half of the marriages of the 1970s will split up in the 1980s. The U.S. family is in serious trouble.

The new baby can be seen as an opportunity for strengthening relationships within the family. Because of the realignments which necessarily will occur around the advent of the new member, the old ties and the previous adjustments to the family's integrity will be shaken—for better or for worse. The work of pregnancy for each parent has been documented by Bibring [4] and others (c.f., 7). The self questioning, the powerful ambivalence of pregnancy, represents the parental efforts to shake up their previous adjustment to themselves and to their partners. The self-questioning which results in concern about having an impaired baby is common to women and represents the depth of their anxious ambivalence as they attempt to "make it" to the new level of nurturing and caring for the coming baby. This anxiety and the force of their ambivalence can be supported to result in a positive adjustment to nurturing and to attaching to the baby. Also, these forces can be captured for relating to other members of the family. But this cannot be left to chance. We must offer supportive, sensitive opportunities during pregnancy toward enhancing their outcome to stressed, high-risk parents.

We have seen that relatively minor, relatively inexpensive adjustments on the part of the medical system—such as prepared childbirth, father participation, presenting the baby to the mother and father at delivery [21]—can increase the opportunities for "bonding" to the baby. Although this is likely to be only a first step toward improving their attachment to each other and significantly improving the outcome of their relationship and the baby's optimal development, it is a first step. I have seen with my own work with the Newborn Behavioral Assessment[6] that presenting a baby's behavior to eager parents gives them a better chance to understand their baby and themselves as nurtuers at a heightened time in their development as adults. These rather simple interventions in an otherwise rather unwelcoming pathological medical system seem to enhance the parents' image of themselves as critical to their baby and to each other. Thus, they serve to value the attachments between parents and for the baby, furthering the likelihood that the parents will pass on their improved self-image to the baby.

I have found in my own clinical work in primary care that parents seen in a prenatal interview by me as a pediatrican are predisposed to share their concerns about themselves and about the well-being of the future baby. As they talk to me, they share the passion and the work of making the future adjustment to parenthood, with either the hoped-for normal or the dreaded impaired infant. However, when both parents are aware of the pressures of having to anticipate returning to work "too early" (in their own words, "before 3 months"), they seem to guard themselves against talking about their future baby as a person and against their future role as parents. Their concerns are expressed in terms of the instrumental work of adjusting to time demands, to schedules, to lining up the necessary substitute care. Very little attention can be elicited from them about what their dreams of the baby are, or of what they visualize they will be like as new parents. There appears to be a significant difference in the way they allow themselves to discuss with me their own work of adjusting to becoming a new family. Are they already guarding themselves against too intense an attachment in anticipation of the pain of separating too soon from the new baby? I wonder whether they can allow themselves to become passionate in their attachment to the new baby and to each other as a family under the stress of having to return to work "too soon."

At the time of delivery and the adjustment to the new baby, we should certainly continue to increase our efforts to enhance father participation and a sense of paternity and empowerment as he adjusts to his new role. Having the father involved in labor and delivery and present at the birth of the baby has significantly increased his sense of himself as a person who is important to his baby and to his mate. Several investigators have shown increased participation of fathers in the care of their babies, increased sensitivity to their baby's cues at 1 month, and significantly increased support of their wives, by the rather simple maneuver of sharing the newborn baby's behavior with the new father at 3 days, using the NBAS.[2a] These apparent gains would be expected if one considers the father's attempts in pregnancy to make it to a new level of parenting and his "readiness" to captured as an important person for that baby. If this is true, shouldn't we be considering a period of paid paternity leave as critical both symbolically and in reality as a way of stamping his role as critical to his family? Of course, his active participation will be likely to enhance his image of himself as a nurturing person and to assist him on toward a more mature adjustment in his own life.

Supporting the mother for her choices about delivery and adjusting to the new baby seems even more critical for new mothers who must return to work. If she can be awake and in control of delivery, if she can have the thrill of cuddling her new infant in the delivery room, if she can have the choice of rooming in with her baby, and of sharing her baby's behavior with a supportive professional. She is likely to feel empowered as a new mother. The likelihood of having more self assurance and more energy for adjusting to her new role is great. Her ability to make a "fit" with her baby will thereby be enhanced.

WORK OF ATTACHMENT

The efforts of the medical system to enhance "bonding" to a new baby are certainly important to parents who must return to work. But bonding is not a magical assurance that the relationships will go well thereafter. The initial adjustment to the new baby at home is likely to be extremely stressful to any set of new parents. Most first parents have had little or no prior experience with babies or with their own parents as they nurtured a smaller sibling. They come to this new role without enough knowledge or participational experience. The generation gap makes it difficult for them to turn back to parents or extended family for support. Professional support is expensive and difficult to locate. The mother (and father) is likely to be physically exhausted and emotionally depressed for a period after delivery. The baby is unpredictable and has not developed a reliable day-night cycle of states of sleep and waking. Crying at the end of the day often serves as a necessary outlet and discharge for a small baby's nervous system after an exciting but overwhelming day. This crying can easily be perceived as a sign of failure in parenting by harrassed, inexperienced parents, and the crying that starts as a fussy period is then likely to become a colicky, inconsolable period at the end of every day for the next 3 months. Any mother is bound to feel inadequate and helpless at this time. She may wish to run away and to turn over her baby's care to a "more competent person." If she must go back to work in the midst of this trying period, it seems to me that she will never develop the same sense of understanding her baby and feeling competent to him or her as she might have if she'd been able to stay at home and to "see it out." When this period of regular crying at the end of the day mercifully comes to an end at 12 weeks, coincident with further maturation of the nervous system, mothers tell me they feel relieved and as if they had finally "helped" the baby learn to adjust to his/her new environment. They claim that they have a sense of having learned to cope with the baby's negativism over these months, and the sense of anger, of frustration, of inadequacy which accompanied the fussy period earlier is replaced by a sense of mastery and competence on their part at this time. Since by now the baby is vocalizing, smiling, cooing responsively at this same time at the end of every day, they report that they feel they have "taught" the baby to socialize in more acceptable ways. They feel that "at last the baby is mine, and is smiling and vocalizing for me." I am very sad to think of the difference in a parent's feelings of personal achievement and of intimacy and belonging with her baby if she has had to leave this adjustment to another caregiver if she returned to work before the end of the 3 month transition.

In our own research on the development of reciprocal communication between parents and small babies, we have been impressed with the necessity for the development of a reciprocal understanding of each other's rhythms of attention and nonattention which must develop between a mother and her baby over the first four months. At least four levels of behavioral organization in the communication system between parents and their small infants develop over the first four months. Based on a rhythmic interaction of attention and nonattention that is critical to the homeostatic controls necessary to the immature organism, the parents and infant can learn to communicate more and more complex messages in clusters of behaviors. These behaviors do not demand verbal communication. The clusters of behaviors contain the important elements of affective and cognitive information and form the base for the infant's learning about the world. Thus, in an important period of intense communication between parent and the infant, he or she provides the infant with affective and cognitive information, and with the opportunity to learn his or her own controls over the internal homeostatic systems that are necessary in order to pay attention to his or her world. The four stages of learning about these controls provide infants with a source of learning about themselves and provide the mother or father with an important opportunity for learning the ingredients of a nurturant role with their baby. These early experiences of learning about each other are the base for their shared emotional development in the future, and are critical as anlages for the infant's future ego.

MOTHER'S ROLE

The most important role of the adult interactants seems to be that of helping infants to form a regulatory base for their immature psychological and motor reactions.

The most important rule for maintaining an interaction seems to be that a mother develops a sensitivity to her infant's capacity for attention and the infant's need for withdrawal—partial or complete—after a period of attending to her. Short cycles of attention and inattention seem to underlie all periods of prolonged interaction. Although in the laboratory setting we thought we were observing continuous attention to the mother on the part of the infant, the stop-frame analysis uncovered the cyclical nature of the infant's looking and not-looking. Looking-away behavior reflects the need of infants to maintain some control over the amount of stimulation they can take in during such intense periods of interaction. This is a homeostatic model, similar to the type of model that underlies all the physiological reactions of the neonate, and it seems to apply to the immature organism's capacity to attend to messages in a communication system.

Basic to this regulatory system or reciprocal interaction between parent and infant is the basic rhythm of attention-inattention that is set up between them [10]. A mother must respect her infant's needs for the regulation that this affords or she will overload the infant's immature psychophysiological system and the infant will need to protect him- or herself by turning her off completely. Thus, she learns the infant's capacity for attention-inattention early, in order to maintain her infant's attention. Within this rhythmic, coherent configuration, mother and infant can introduce the mutable elements of communication. Smiles, vocalizations, postures, and tactile signals all are such elements. They can be interchanged at will as long as they are based on the rhythmic structure. The individual differences of the baby's needs for such a structure sets the limits on it. The mother then has the opportunity to adapt her tempo within these limits. If she speeds up her tempo, she can reduce baby's level of communication. If she slows hers down, she can expect a higher level of engagement and communicative behavior from the infant [25,10]. Her use of tempo as a means toward entraining the baby's response systems is probably the basis of the baby's learning about his or her own control systems. In the process of introducing variability, the baby learns the limits of its control systems. As he or she returns to a baseline, the baby learns about basic self-regulation. The feedback systems that are set up within this afford the baby a kind of richness of self-regulation or adaption.

Built on top of this base is the nonverbal message. By using a systems approach to understand this, we find that each behavioral message or cluster of behaviors from one member of the dyad acts as a disruption of the system, which must then be reorganized. The process of reorganization affords the infant and the parent a model for learning—learning about the other as well as learning about oneself within the regulatory system. An "appropriate" or attractive stimulus creates a disruption and reorganization that is of a different nature from those that are the result of an intrusive or "inappropriate" stimulus. Each serves a purpose in this learning model.

An inspection of the richness of such a homeostatic model, which provides each participant with an opportunity to turn off or on at any time in the interaction, demonstrates the fine-tuning available and necessary to each partner of the dyad for learning about "the other." The individual behaviors that may be introduced into the clusters of behaviors that dominate the interaction become of real secondary importance. A smile or a vocalization may be couched within several other behaviors to form a signaling cluster. But the individual behavior is not the necessary requirement for a reponse: The cluster is. The basic rhythm, the "fit" of clusters of behavior, and timing of approriate clusters to produce responses in an expectable framework become the best prediction of real reciprocity in parent-infant interaction.

STAGES OF REGULATION

We have identified four stages of regulation and of learning within this system over the first 4 months of life [9].

1. Infants achieve homeostatic control over input and output systems (i.e., they can both shut out and reach out for single stimuli, but then achieve control over their physiological systems and states).

2. Within this controlled system, infants can begin to attend to and use cues to prolong their states of attention and to accept and incorporate more complex trains of messages.

3. Within such an entrained or mutual reciprocal feedback system, infants and parents begin to press the limits of (a) infant capacity to take in and respond to information, and (b) infant ability to withdraw to recover in a homeostatic system. Sensitive adults press infants to the limits of both of these and allow infants time and opportunity to realize that they have incorporated these abilities into their own repertoires. The mother-infant "games" described by Stern [25] are elegant examples of the real value of this phase as a system for affective and cognitive experience at 3 and 4 months.

4. Within the dyad or triad, the baby is allowed to demonstrate and incorporate a sense of his/her own autonomy. (This phase is perhaps the real test of attachment.) At the point where the mother or nurturing parent can indeed permit the baby to be the leader or signal-giver, when the adult can recognize the encourage the baby's independent search for and response to environment or social cues and games—to

initiate them to reach for and play with objects, etc.—the small infant's own feeling of competence and of voluntary control over his or here environment is strengthened. This sense of competence is at a more complex level of awareness and is constantly influenced by the baby's feedback systems. We see this at 4-5 months in normal infants during a feeding, when the infant stops to look around and to process the environment. When a mother can allow for this and even foster it, she and the infant became aware of the baby's burgeoning autonomy. In psychoanalytic terms, the infants' ego development is well on its way!

This model of development is a powerful one for understanding the reciprocal bonds that are set up between parent and infant. The feedback model allows for flexibility, disruption, and reorganization. Within its envelope of reciprocal interaction, one can conceive of a rich matrix of different modalities for communication, individualized for each pair and critically dependent on the contribution of each member of the dyad or triad. There is no reason that each system cannot be shaped in different ways by the preferred modalities for interaction of each of its participants, but each must be sensitive and ready to adjust to the other member in the envelope. And at successive stages of development, the envelope will be different; richer, we would hope.

I regard these observations as evidence for the first stages of emotional and cognitive awareness in the infant and in the nurturing "other." A baby is learning about itself, developing an ego base. The mother and father who are attached to and intimately involved with this infant are both consciously and unconsciously aware of parallel stages of their own development as nurturers.

These four stages of learning about each other constitute a kind of entrainment of developmental processes for each participant with those of the other participant. Thus, they are learning as much about social communication as they are about themselves in the process. Learning about the internal control system becomes the experimental base of internalizing a kind of early ego function for the small infant. As infants achieve homeostasis and then go on to learn about a less-than-balanced state of expectation and excitement within a nurturant envelope, they learn about the control systems and the capacities for emotional experience with which they are endowed. They are experiencing emotion. As they learn to elicit and then to reply to the nurturant adults around them, they learn the importance of communication and even the experiencing of emotion in "the other." Thus, they are experiencing the ingredients of affects within themselves and learning to demonstrate and to enrich their responses to the external world in order to elicit affect in others.

As they do engage, respond to, and enlarge upon the adult's responses, infants learn from adults how to produce an appropriate affective environment—one that is appropriate and necessary for infant learning about themselves and about their world. Thus, infants are learning to fuel sources of energy—that from within and that from without. They learn about causality within the emotional sphere. They begin to internalize controls that are necessary for experiencing emotion but also learn what is necessary for producing emotional responses from others. By the end of the fourth month, infants can "turn on" or "turn off" those around them with an actively controllable set of responses. They have begun to learn how to manipulate their own experience and their own world. The emotions that they are experiencing and registering uncansciously by this age can be consciously manipulated as well. They have been learning about their own emotions within the envelope of attachment [7,4a]. The anlage for detachment and autonomy are surfacing and the precursors for the infant's superego are already apparent.

In summary, the precursors for ego function, the anlages of emotional experience in an older child, are observable in the behavior of the fetus and infant. The experience of completing an anticipated act of social communication closes a feedback cycle, creating a sense of mastery that confirms children's sense of self and fuels them toward further development. By entraining the nurturant environment around them, infants add a further source of fuel as it provides an envelope within which they can learn more quickly a sense of self and the mastery of complex inner control mechanisms as well as social response systems that will assure them of future nurturance. Thus, early experience provides the base for precursors of future emotion.

What if the infant is deprived of this opportunity for learning about him- or herself? We can now begin to conceptualize how experience can be represented in the memory of infants and how it can shape them toward future responses. These early experiences, when they are repeated, and when they are accompanied by a behavioral representation of recognition in the infant, must be considered as potential anlage (or precursors) of future ego development or as precursors of cognitive patterns, shaping the infant toward preferred psychamotor patterns. These early reactions are likely to become, as Greenacre [17] says, the "precursors for future response patterns." If they are successful patterns in early infancy, the chances are that they will be repeated, learned, and will eventually become preferred patterns in the older infant. In this way, the behaviors that represent reactions of the infant become precursors for future development.

An understanding of the infant's development within any particular developmental line—such as that of affect or emotional development—must include the interaction between this and other development lines. The immaturity of cognitive neuromotor and psychophysiological equipment of the baby limits the infant's potential for developing clearly definable emotions in the early months. The responses of the infant's neurological and physical systems are at the core of any development of emotions. The immaturity of these systems places obvious restraints on development, but their experiential maturation forms the base for future emotional experience. As infants learn to cope with a stimulus from the outside world, they experience a sense of achievement, and the feedback system that is activated may give them an inner representation of mastery (c.f.29). Although this terminology is "adultomorphic" and probably represents mechanisms that are more consciously experienced in an older child or adult, it seems to me that the concepts of mastery and learning to fit the anlage of experiences of which the infant begins to build.

The central nervous (CNS), as it develops, drives the infant toward maturation and mastery of self and world. Any internal equilibrium is tested and upset by the imbalance that is created as the CNS matures. Hence, maturation and an increase in differentiation of infant skills and potential becomes a force that drives the infant to reorganize and "relearn" control systems. Each step is a new opportunity for mastery and for learning new feedback systems.

There are two sources fueling this maturation. Feedback loops that close on completion of an experience after an anticipated performance affect the baby from within. Our concept is that as each step is mastered, anticipation has generated energy that becomes realized and is available as the step is completed. In this way, a sense of mastery [29] is incorporated by the developing infant, and this liberated energy drives the infant toward the next developmental achievement. Meanwhile, there is a second important source of energy that fuels infant development and enhances each experience. The environment around the infant, when it is nurturant, tends to entrain responsive behavior to the behavior of the infant. Not only do parents register recognition and approval of an infant's achievement, but they add a salient, more developed signal to their approval. This signal, coupled with the positive reinforcement, both fuels the infant and leads him or her to match the adult's expectation. For example, when an infant vocalizes with an "Ohh,' a parent will add, "Oh yes!" to it. The parent couples an added experience with open approval of the infant's production. Thus parents offer the infant positive reinforcement and an added stimulus to reach for. This fuels the infant to go on [1].

These two sources of energy—one from within, the other from without—are in balance under ideal conditions, and both provide the energy for future development. The infant's recognition of each of these sources, as he or she masters a developmental step, is often unconscious, but it adds to a preconscious recognition of mastery. This internal representation, coupled with the closure of feedback loops of mastery of steps in autonomic and CNS control, must become the precursors of emotional as well as of cognitive recognition and contribution toward the infant's developing ego.

When either of these are deficient, the infant's development of affective and cognitive stages can be impaired. This occurs when (a) an infant is at risk for CNS or autonomic deficits (such as one whose autonomic system is too labile or too sluggish, or one whose threshold for intake of stimuli is too low and is thus overwhelmed by each stimulus); or (b) when the environment is inappropriately responsive to the infant (either under or over). Thus, the internal and external feedback systems become intertwined from the first. Since each is dependent on the infant's endowment and on his or her capacity for overt and internalized reactions, the infant's genetic capacities determine the kind of internal and external feedback systems that are available. They both fuel the infant's development and place limits on it.

When parents are deprived too early of this opportunity to participate in the baby's developing ego structure, they lose the opportunity to understand the baby intimately and to feel their own role in development of these four stages. The likelihood that they will feel cheated of the opportunity for their own development as nurturing adults is great.

When a new mother must share her small baby with a secondary caregiver, she will almost inevitably experience a sense of loss. Her feelings of competition with the other caregiver may well be uppermost in her consciousness. But underneath this conscious feeling of competition is likely to be a less-than-conscious sense of grief. Lindeman[22] described a syndrome which he labelled a grief reaction, which seems to fit the experiences which mothers of small babies describe when they leave them in substitute care. They are apt to feel sad, helpless, hopeless, inadequate to their babies. They feel a sense of loneliness, of depression, of slowed down physical responses, and even of somatic symptoms. To protect themselves from these feelings, they are likely to develop three defenses. These are healthy, normal and necessary defenses, but they can interfere with the mother's attachment to her baby if they are not properly evaluated. The younger the baby and the more inexperienced the mother, the stronger and more likely are these defenses. They are correlated with the earliness with which she returns to work.

1. *Denial.* A mother is likely to deny that her leaving matters—to either the child or to herself. She will distort or ignore any signals in herself or in the baby to the contrary. Mothers who obviously know better will not visit their baby's daycare center "because it is too painful." This denial is a necessary defense for painful feelings but it may distort mothers' capacity to make good decisions.

2. *Projection.* Working parents will have a tendency to project the important caregiving issues onto the substitute caregivers. Responsibility for both good and bad will be shifted, and often sidestepped.

3. *Detachment.* Not because she doesn't care but because it is painful to care and to be separated, she will tend to distance her feelings of responsibility and of intense attachment.

These three defenses are common and necessary for mothers to handle the new feelings engendered by separating from a small baby. For example, imagine the feelings of a mother who returns to pick her baby up from the daycare center at the end of a working day. The baby will have saved up all his or her important feelings and blows up in a crying temper tantrum when the mother arrives. At that point, someone in the daycare center turns to her to say, "He [or she] never cries like that with me, dear."

These conflicting emotions need to be faced by new parents and understood by them in order to prevent costly adjustments which are not in the family's best interests. We need to prepare working parents for their roles in order to preserve the positive forces in strong attachments—to the baby and to each other. We certainly must protect the period in which the attachment process is solidified and stabilized by new parents. With the new baby, this is likely to demand at least four months in which the new mother can feel herself free of competing demands of the workplace. Since most young families cannot afford a period of unpaid leave, and since the workplace is not inclined to provide such a period without sanctions against the new family, it seems critical at this time to work toward a nationally subsidized policy for paid leave at the time of a new baby. Such national recognition of the importance of the family could become symbolic recognition of the value of the family. It might serve to heighten the emphasis on strong ties within the family, and begin to reverse the national trend toward divorce and instability to attachments. For the baby, the efforts to strengthen the solidarity of the family could only result in enhanced potential for their future. The cost to children of the increasing divorce rate has been well studied [18, 28]. The traumatic immediate adjustment, the 5-year duration of continuing adjustment on the part of children of divorce, must serve as a major contribution to the increasing rate of delinquency, psychosomatic and psychological disorders in our adolescent population. As a nation, we can no longer afford to ignore our responsibilities toward children and their families.

SUBSTITUTE CARE

Obviously, it is critical that parents be provided the opportunity for optimal substitute child care. If a mother is to be free emotionally to be of value in the workplace, she must be sure that here baby is in good hands. And, of course, it is critical for children to grow and develop in a caring, stimulating environment. The younger the child, the more critical is environment for the future of his or her emotional and cognitive development.

The research which has looked into outcomes for infants and toddlers who have been in substitute care has ranged from citing the dangers and potential emotional damage [1, 15, 16, 14, 13] to those which point to potential emotional gains. Most studies so far have not found negative consequences [19, 3, 12], but these studies tend to be biases in one of several ways. They have been short term outcomes, they have studied middleclass, supervised daycare, and the outcome measures may not have been aimed appropriately at the total child's development. Certainly, for millions of children, substitute care may not be optimal and we shall not understand fully the consequences for another generation.

We must have adults who can relate individually to each baby with an appropriate amount of time and the energy to reach each baby with reciprocal, sensitive, caring responses. Safety and intellectual stimulation are elemental to such care. In order to provide this for each baby, we cannot tolerate ratios of more than one adult to every three infants, or one adult for every four toddlers [19, 23]. In addition, these adults need to be mature and well trained in such areas as the necessary requirements of social, intellectual, and physical parameters of infant development. The training for caregivers must be required and supervision for quality assurance be mandated at a local, state, and national level (see Zigler, this volume).

Our future generations will be at stake. Throughout the last 40 years, Spitz, Bowlby, Harlow, and many subsequent researchers have pointed to the importance of providing a nurturing environment for small children. At present, infant caregivers are too often untrained, unsupervised, and grossly underpaid. But until we provide them with the salaries necessary for professionals, we cannot expect training or supervision to be successful. Even under the present conditions, the choices for childcare for over 50% of working mothers is grossly inadequate. Poor, vulnerable people are unable to find care of any quality and must leave their small children in dangerously inadequate circumstances. Physical abuse and neglect, as well as even sexual abuse, are inevitable under such conditions.

Optimal daycare could include parents in their curriculum. Not only could parents be urged to participate actively in their babies' care but the centers could provide opportunities for education, for peer support groups, for the nurturing comforts for parenting which have been lost by nuclear families. Thus, with quality daycare, both families and their small children could benefit.

We must provide certain safeguards if we mean to protect the future development of small children of working parents. These are costly, and cannot be paid for by parents alone. Hence, we must institute recommendations for a national policy with national subsidy.

We need to help working parents prepare for their roles and to preserve the positive forces in strong attachments—to the baby and to each other. We certainly must protect the period in which the attachment process is solidified and stabilized by new parents. With the new baby, this is likely to demand at least four months in which the new mother can feel herself free of competing demands of the workplace. Fathers need one month of paternity leave as an indication to them of how critical their participation is. Since most young families cannot afford a period of unpaid leave, and since the workplace is not included to provide such a period without sanctions against the new family, it seems critical at this time to work toward a nationally subsidized policy for paid leave at the time of a new baby. Such national recognition of the importance of the family could become symbolic recognition of the value of the family. It might serve to heighten the emphasis on strong ties within the family, and begin to reverse the national trend toward divorce and instability of attachments. Efforts to strengthen the solidarity of the family could only result in enhanced potential for the future of our children and of our nation.

THE NEEDS OF ADOPTIVE PARENTS AND THEIR CHILDREN

I have been glad to learn that the legislation you are considering takes into account the needs of adoptive parents and their children, a group too often neglected. As we have seem the process through which an infant and parent learn to know and to love each other is an important and intricate business. It normally begins long before the birth of the child, as parents prepare for their new roles. While adoptive parents may have waited years for the arrival of a child, they may have had only days to prepare for this child. And the child they are welcoming may come from an entirley different culture, may have special medical needs, may have experienced life as frustrating and painful. Certainly these newly created adoptive families deserve concern and support. They too need protected time to get to know the new baby and themselves as a family.

FAMILIES WITH SERIOUSLY ILL OR DISABLED CHILDREN

We want to think carefully, too, about how best to support the efforts of families to care for their seriously ill or disabled children. We must face the fact that many infants—including my own grandson—are born prematurely and may require extensive hospitalization and special care once they do go home. Learning how to care for these fragile and initially difficult babies takes time and energy. Only with time and successful experience do parents gain confidence in their ability to raise an infant who once may have needed teams of highly trained medical professionals to stay alive. The future quality of life becomes as critical to his outcome as the efforts for survival. Many studies have shown us that it is the premature infants who go home to a nurturing, responsible environment who are likely to develop with fewest problems for society.

We health professionals are also learning that many medically vulnerable children—for example, those who depend on a ventilator to breathe—can fare as well or better at home than in a hospital or institutional environment. Courageous parents and dedicated service providers in communities all over this country want to help these children lead lives as normal as possible. Again, parents need time to coordinate needed services in the home and community and time to establish or re-establish their special relationship with their child.

Today's parents, then, are struggling to work for their children and to care for them. The investment of time they make in the lives of their infants, their newly adopted children, and in the care of their children in times of serious illness or disability, can be counted on to reap significant rewards. These we will see as children develop, as parents become competent and confident, and as families are strengthened.

As you continue your deliberations, please feel free to call on me, on the many researchers concerned with children and families, and an organizations such as the National Center for Clinical Infant Programs. Thinking togther, we can surely devise ways of making it possible for parents to work and to care for the children who are our country's future.

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Mrs. SCHROEDER. Thank you so much, Dr. Brazelton. I also wanted to compliment you on the excellent article in U.S. News and World Report this week. I want to compliment them, too, for focusing on kids. It is wonderful.

We have had another one of the distinguished cochairs join this morning, Congresswoman Oakar. You may be wondering how I am calling on people for questions. I am doing it in a very democratic fashion, on how they arrived at the meeting, because I can't figure out any other way to do it.

Let me first start with the gentleman to my left over here, Mr. Hayes.

Mr. HAYES. Thank you very much, Sister Chairlady. I am going to forgo any questions. We have had excellent testimony, and I am going to defer my time to some of my colleagues who arrived late. This has been beautiful. It has been enlightening to me—your talk about the child and the parent, the whole family, and you see 20/20 as a partial answer, at least, to the some of the problems.

I'm going to leave my time to someone else. Thank you very much.

Mrs. **Schroeder**. Thank you. Congressman Fawell.

Mr. **Fawell**. Thank you. I think all three of the witnesses presented very beautiful testimony. The questions that I have would zero in on the fact that what we appear to be talking about here is leave with some kind of wage replacement, whereas the bill, at least now, is constructed to leave that question to a commission, as best I understand it.

Dr. Kamerman, when you define temporary disability, I am confused here because temporary disability or leave for temporary disability can be birth-related, can be just in general, covering temporary medical disability, and then we have parental leave. But when you referred to the five States where apparently there is what you call TDI law, what are we referring to here?

Ms. **Kamerman**. We are referring to legislation that requires employers to provide short-term or temporary disability insurance plans that cover all employees for all types of short-term disabilities. As a consequence of the 1978 PDA legislation, that means that in those States pregnancy and maternity are also covered.

Mr. **Fawell**. Is it then a medical and hospitalization plan?

Ms. **Kamerman**. It involves a cash benefit at the time that the individual is away from work because of non-job-related disability.

Mr. **Fawell**. So it is income replacement.

Ms. **Kamerman**. That's right, it is income replacement.

Mr. **Fawell**. How much money are you talking about?

Ms. **Kamerman**. The amount of money that we are talking about as far as the existing TDI legislation is concerned tend to be about half of the average wage of women workers. For 1985 it ranges from a maximum of $145 a week in New York State to $224 a week in California.

Mr. **Fawell**. But it covers, I assume, even small businesses.

Ms. **Kamerman**. It covers small businesses also. The specifics vary from State to State, but there are States in which an employer with only one or two employees would be covered.

Mr. **Fawell**. Employees.

Ms. **Kamerman**. Employees.

Mr. **Fawell**. By small, how do you define the business?

Ms. **Kamerman**. As I said, it varies depending on the State. In some States it means four or more employees. In some States it means even one employee under certain circumstances. Obviously, this is an issue that requires definition, but it is interesting that employers have adapted to this provision.

I think, by the way, it might be worthwhile remembering that there was a time when there was no such policy as a paid sick leave anyplace in this country; that we still have work situations in which employers do not provide for paid sick leave, but by far most do today. Most of us take it for granted, and the same is true for a brief paid vacation, so employers adapt. In the five States with TDI employers have adopted to a policy providing for disability leaves.

Mr. **Fawell**. Excuse me, I don't want to take more time than I should, but, again, we are talking about covering the small businesses, and most of them don't have paid sick leave at all. It is just way out of the grasp of most small concerns. What we are talking about, I gather, insofar as the TDI's to which you made reference in regard to the five States are relatively modest wage replacement payments, which really are aimed, then, at those who—those employees that are paid modest wages when you come right down to it.

Ms. Kamerman. Yes, that's right, and in effect, as my colleague, Alfred Kahn, pointed out, unemployment insurance is not a bad model for the kind of thing that we are talking about. Unemployment insurance also just covers relatively modest portions of——

Mr. Fawell. Let me make just one last comment, Madam Chairman. Again, as an employer for about 25 years in practicing law, I would most respectively descent from the view that the unemployment compensation is a modest tax that employers have to carry. It is very significant, and, again, I agree that I would love to see all of these concepts that we are talking about being inculcated into our society. But what I am saying, of course, is the ugly word of cost and expense just rears its head, especially when we have our old Federal Government wobbling along about ready to go into bankruptcy. So I wanted to be sure, in TDI, just what you were referring to.

Ms. Kamerman. Could I say two things, and then ask my colleague to supplement? First, I wasn't suggesting that the overall expenditure of unemployment insurance is or is not modest. I was suggesting, however, that the maximum wage that is replaced under unemployment insurance, and the maximum benefit provided is relatively modest. And the other point, which I think is a much more important point that I want to stress, is that we have many years of experience in these five States of what the consequences have been for having temporary disability insurance legislation in place. It is an inexpensive benefit; it has not been costly to the States, and several of them have experienced surpluses in their TDI funds.

Mr. Kahn. Just to supplement briefly on that, Congressman, the point should also be kept in mind that in any given company the numbers of women who have a baby in any given year tend to be very few. We conducted a national study, as was mentioned, and we have also visited literally dozens of companies to discuss the experience. And very often when you say, "Could I please interview all women who have recently had a baby," you may end up in a large company with three or four people so that also affects the level of inconvenience.

Here, "modest" means a modest cost level. In most of the States with TDI coverage, about one-half of 1 percent up to a certain wage level is charged. That usually ends up at about 50 cents a week. Two of the States are slightly above.

Mr. Fawell. Madam could I just ask one short question?

Mrs. Schroeder. Certainly.

Mr. Fawell. Does the TDI to which you made reference in the States also cover basic parental leave?

Ms. Kamerman. No; the TDI deals——

Mr. Fawell. It is a very modest program. It is a start.

Ms. Kamerman. The TDI deals only with the period of disability. That is, of course, why the proposed legislation suggests a supplementary parental leave component.

Mr. Fawell. Thank you, again.

Mrs. SCHROEDER. Thank you very much. Congressman Kildee.

Mr. KILDEE. Thank you very much, Madam Chair. As cosponsor of H.R. 2020, the testimony has certainly reinforced my commitment to this bill. You have both enlightened my intellect and strengthened my will on it. I think it is very, very good. As a father of three teenagers, you have also rekindled my memory of those very early days and early months; particularly the film. All your testimony has been very good on that.

I think those who profess to be profamily can find something very tangible in this bill, something beyond just philosophy. Very often we talk a great deal about being profamily, but this bill provides a real vehicle for making this Government profamily. We talk about budgets, but, I look at the tremendous amount of dollars we spend—the billions of dollars we spend for other programs, the hundreds of billions of dollars that we spend for the defense of this country, and yet we are defending families.

We should keep those families very secure so we have something really great to defend. I think this is a tremendous bill. We should be willing to take whatever is needed from that which we produced in this country—that wealth that we produced in this country by business and by individuals, and use a small amount of that wealth to protect our families. I think this bill is a great bill for those who profess to be profamily.

Thank you very much, Madam Chairman.

Mrs. SCHROEDER. Thank you very much, Congressman, and we appreciate your cosponsorship and that very moving message.

Congressman Petri.

Mr. PETRI. Thank you. I do have kind of a question, I guess. In listening to this panel's testimony, one thing that came through to me was the need to try to coordinate Federal policy, and with particular focus on this commission to recommend means of replacement for compensation or income for employees taking leave. But just trying to relate that recommendation to the situation that exists in my own particular area that I am naturally familiar with leads me to inquire as to whether you feel that the commission's charge is broad enough. In your testimony, you indicated that there are 58 percent of children now being raised in single-parent families, and there is a trend of women working in the workforce now even with very small children.

Yet in our area, and I guess across the country, we have a national welfare program, AFDC, and we have a rising illegitimacy rate, and those two may be related because of the way AFDC is geared. I have a district including 13 counties—3 without a stop light, and 3 with one stop light. When you try to relate to that, the people know very well everyone else pretty much.

The custom in our area has been growing of retaining the traditional family structure without engaging the legal formalities, so that if a person has a child and just says, "I don't know who the father is," then, she can qualify for AFDC and receive cash payments of $500 or $600 or more plus health insurance, plus money or some travel, plus she can hire the father as a baby sitter and get some extra money while she is out looking for a job, supposedly. And he is off working and being a father, and you have the traditional family unit: the mother in the home and the father out doing a job, but with two incomes.

It seems to me that if you are talking about income substitution for a period of time, maybe 4 months, maybe longer, maybe shorter, one tradeoff might be to try to work around our work requirements and our AFDC laws to bring it into line with this—or is this the wrong thought? Do you have some idea whether the charge of this commission should be a little broader to cover the 25 or 27 percent of the kids who are raised under this illegitimacy situation or the 58 percent in the single-parent experience where they may be already getting Government payment that wouldn't be in line with the working solution we come up with?

Mr. **Kahn**. Madam Chair, if I may make just a brief comment on this matter, I think it would be a catastrophe and an error, Mr. Congressman, to make that connection. It may very well be that we should do something about AFDC, and my colleague and I have produced a study of what eight other countries do in this field. In fact, we are going to testify next week before another subcommittee on the issue of income supplementation for the working poor.

The thing that you need to remember in discussing disability and parental leave is that we are talking about all women in America, about all mothers and fathers in America, and all babies in America. We are not talking about out-of-wedlock children or about poor people alone.

Dr. Kamerman told you that in March 49.5 percent of all married mothers in America with children under age 1 were in the labor force. Most of those are mothers who will continue to be married. There are others who are single mothers—who worked at a lower rate, by the way—who will be married subsequently. But we are not talking about the poor women of America. We are not talking about the poor men of America. We are talking about all American babies and American mothers and children. To take all the emotion and the stigma of the AFDC issue and connect it with today's discussion would be a major mistake in my view. I hope that you will deal with AFDC and deal with it seriously, but not in this forum.

Dr. **Brazelton**. I think this is a real opportunity to change some of the support systems that we have in this country, which are so far, built on the pathological model, failure demand. The only kind of people that get help now are if they identify themselves as failures. They have to identify themselves as unwed mothers or identify themselves as unable to make a living or some other label. Then they can get help from our Government.

To me that is almost prophecy producing, and if we really worry about making our poor dependent, this is sure the way to go, so I think this bill has an opportunity to take the other side of the coin and strengthen people for success and for strength. And if you tie it to a failure system, I think that is some sort of a compromise, and I agree with Al. I hate to see you do it.

If that is the only you can get it done, then I would do it, but I think——

Mr. **Petri**. Well, my question—you may not want to do it explicitly, but you do want policy coordination at some point in our country? This is a major national problem, and don't you think that someone quietly ought to take into account how this dovetails with that whole world?

Dr. Brazelton. Don't you think—let me ask you this: Don't you think if we give people a choice between making a positive choice and a negative one that we will have some takers on the positive side? So I would think this would be a way to begin to see that a lot of people have strengths that they are not identifying at this point because we are reinforcing them for their failures. But, I can't prove that.

Mrs. Schroeder. Thank you very much. Congresswoman Oakar.

Mrs. Oakar. Thank you, Madam Chair, and members of the various committees. I think this is an interesting situation here where you have a number of chairs of committees cosponsoring a bill. And, I am very supportive of the bill. I regret that I had to be in another area in the Capitol at the beginning of the hearing, but what I have heard so far is just terrific. I want to associate myself with my friend from Michigan's remarks about the need to be truly profamily. You know we hear lot of rhetoric about profamily we are, but the fact of it is nothing is more sacred than children in their formative years, and that is really what we are talking about.

We have about 16 million women who are heads of a households today who really would like to spend a little time with their children in their infant stages in particular. They have real economic demands on them and need a better leave policy. We have about 27 million more women who are part of two-owner families. To me the issue is really not whether these women or men, as a matter of fact, are on welfare or not, with all due respect to my colleague. The issue is really how do we want to treat the children of this country?

I just think that this is a minimal approach to what has been an area that we have virtually ignored. I just wanted to compliment all the people who are here today and the sponsors of this bill. The panelists have given such sensitive testimony. As somebody that has a little bit to do with how we treat Government employees, I certainly will try my best to make sure that the Government serves as a role model for the rest of the work force. I think that is very important.

I want to submit my introductory statement for the record. We really ought to be doing this. I mean it is really not this astronomical thing. As one of the conferees on the so-called Gramm-Rudman proposal, I honestly think our priorities in this country are way off.

As my friend from Michigan stated, it just seems to me that we ought to pay a little more attention to our most sacred treasure: the children of this country. Again, I want to compliment the people who are here today, and thank you, Madam Chair for your leadership on this bill.

Mrs. Schroeder. Thank you very much.

Yes, Dr. Brazelton.

Dr. Brazelton. Can I say one thing just to back up Mrs. Oakar?

Mrs. Schroeder. Sure.

Dr. Brazelton. We don't have statistics on these yet, but the increase in sleep problems by 4 to 5 months and the increase in feeding problems which start at 8 months and get worse by a year, the increase in autonomy issues in the second year is almost double in the past 10 years because parents are so concerned about being away from their children, that when they come home they reinforce for hovering and for not giving the children a chance to develop a sense of autonomy and of confidence.

I think this is really predicting to some major problems in acting out in adolescent or later that is going to cost society more than we can afford. We don't have any evidence yet for that, but I certainly see clinically, and I guess it ought to be a warning to us that we are not really supporting kids and parents at a time when it is critical.

Mrs. **Schroeder**. I wanted to ask some questions. I notice you didn't mention Japan, and we seem to see Japan in the clouds. Do they have policies on this?

Ms. **Kamerman**. Where the Japanese are concerned, what they have as a system with very extensive, very generous employer-provided benefits on a voluntary basis for those who are fortunate enough to work for the leading firms. They do not, as yet, have statutory provisions in this area. On the other hand, I would point out that the Japanese are experiencing perhaps the most extraordinary rate of social change of any of the major industrialized countries. They had an idealized family situation in which the assumption always was that the elderly were cared for within the family; they are now discovering that as the proportion of elderly in the population increases very rapidly, they need to develop alternative forms of care. Similarly, within relatively recent years their female labor force participation rates have increased quite dramatically. As a consequence, I would anticipate more attention being paid to this issue there, also, within a few years.

It may be worth noting that there are many developing countries that provide such benefits, certainly countries that are much less affluent than the United States. Singapore, for example, is a country that provides such a benefit. Several of the South American countries provide such benefits too. Our closest neighbor, Canada, also provides such a benefit. The Canadians use their unemployment insurance system specifically to cover this benefit. Other countries use different policy devices.

We have in the United States begun with disability insurance as the policy instrument for pregnancy and maternity leaves. Defining pregnancy and maternity as a disability leads us down a particular path. That is why this bill is addressing the parenting issue as well as the disability issue.

Mrs. **Schroeder**. Dr. Brazelton, before you got here, your fellow panelists made a very kind comment, saying that if there had been a Nobel Prize in child development, this country would have retired it every year. They said we are ahead of other countries in looking at child development. On the other hand, when they look at what our country has done with that information and applied it in the law, there is this huge gap.

How can we have been so progressive in one area and so regressive in other areas?

Dr. **Brazelton**. Well, I was trying to enlist a Senator, who shall be nameless, to become an advocate for children when we lost a couple of the Senators who were advocates for children about 4 or 5 years go, and when I finished he said, "They don't vote; what's more, their parents don't vote. Their parents are too tired and they don't get out to vote, so what kind of constituency are you asking me to join?" And I guess I think that is a simple answer. It is not a complicated one.

But I think to answer it in a more sophisticated way, parents aren't going to put up with the kind of put down we are up to right now much longer because they are getting more sophisticated, and they are asking for more for their children in this country, and I think this bill is a symptom of pressure that is going to come from them on all of you, and I think it would be very advisable to meet it before it hits, not after.

Mrs. **SCHROEDER**. I also wanted to ask another question. We put adoption in, and it may just be an old wive's tale, but I know when an adoption took place in our family, the pediatrician said, "I don't want to take anymore adoptive babies. The parents are so hyper about their development." I notice you were also citing statistics about how you are seeing more disorders in children, possibly a 50-percent increase in normally born children, due to the pressures between parent and child, created by the move into the work force.

Is there a lot of tension in the adoptive parent, or do pediatricians feel that adoptive parents go through the same stress as birth parents? Should we include adoptive parents? I think so often we say, "Well, the mother is in good health." The joke in my area was that people will say, "Well, I climbed a mountain the day my baby was born." Of course, they adopted it. But people tend to use that as a reason for why there shouldn't be any feeling with adoption.

Dr. **BRAZELTON**. Well, I don't think there is any question that the parents who are making an adoption go through the same kind of turmoil, and if you call it tension, that is a negative label. But turmoil, I see, as generating energy to make to that new baby and to individuate that new baby in an appropriate way, and it mobilizes energy for that process.

Adopting a baby is tough, as you know by now, because your expectations are more genetically and experientially based in your own background, and so making it to another kind of baby is a very difficult thing.

I have watched the Korean babies come over in the airlifts back in—whenever they were, and you know about half of them died either in the airlift or after they got here. People said, "Oh, they are bringing Korean germs," and all this stuff. I don't think they were, I think they were depressed, and coming into a new environment that was so overwhelming and so frightening to them that they withdrew. And the parents who were making those cross-racial adoptions took at least 6 months before they really recovered their balance enough to see their own values and be able to translate them into the childrearing they were up to.

Now, that was an extreme, and I think most adoptions aren't that anywhere near that extreme, but I guess I respect the work that it takes to get to a baby that isn't yours and that you are going to have to think twice as hard about all the rest of your life. So I think it was a wonderful addition myself.

Mrs. **SCHROEDER**. I appreciate all that you have done on fatherhood, too. My husband, because of our unique situation, claims he will be the only man in America to die saying he wished he had spent more time at the office. I appreciate very much your looking at this area.

And I think, just in summary, your constant focusing on relationships take time, and maybe that's where we have blown it in this society. We know that with marriages, people traditionally have taken a honeymoon to adjust to each other. We have know that in employer situations. You always have a period where you are going out of your way to try and adjust the person to the new employment situation, and somehow we tend to totally ignore that when it comes to babies. The thought seems to be that babies are out of the genetic pool and you are just supposed to automatically relate to it. So I thank you for constantly reminding us and doing it so beautifully.

You are a great panel, because you do the factual part of the issue and put the flesh and bones on it. And I think it is very gripping. Thank you all very much for being here this morning.

We have our final panel this morning, and we thank them for their patience, because it has been a longer morning than we had anticipated.

The first panelist is Dr. Stephen Webber, an international executive board member of the United Mine Workers. Mr. Webber, we are very pleased to have you. Ms. Kathleen McDonough, who is the director on corporate issues of the General Foods Corp., and Mrs. Joan Krupa, who is the chairman of the public policy committee for the Association of Junior Leagues.

We welcome this distinguished panel. Mr. Webber, would you like to start?

STATEMENTS OF STEPHEN F. WEBBER, INTERNATIONAL EXECUTIVE BOARD MEMBER, UNITED MINE WORKERS OF AMERICA; KATHLEEN McDONOUGH, DIRECTOR, CORPORATE ISSUES, GENERAL FOODS CORP.; AND JOAN KRUPA, CHAIRMAN, PUBLIC POLICY COMMITTEE, THE ASSOCIATION OF JUNIOR LEAGUES, INC.

Mr. WEBBER. Yes, thank you.

My name is Stephen Webber. I am a coal miner and an elected member of the international executive board of the United Mine Workers of America. I am also the father of four children, the youngest, Sara Elizabeth, my wife and I adopted 2 years ago.

I am testifying before this subcommittee today on behalf of my international union in support of the Federal legislation mandating the Parental Leave Disability Program in the workplace. There are some people, I am sure, who would react with surprise when they learn that the United Mine Workers Union is deeply involved in the issue of parental leave, and that a UMWA official was scheduled to testify here today.

I can hear them say, "What is an official of the macho Coal Miners Union testifying in a place like this?" Obviously, anyone who voices a question like that knows very little about the mine workers' union of today or about the great history behind it.

If I may, I would like to begin by providing some background on the union and the people they represent. UMWA is composed of one quarter of a million workers: retired, unemployed coal miners and related workers throughout the United States and Canada. Relative to some other labor unions, UMWA is small, but we are the Nation's largest energy-producing union.

All total, we represent about 70 percent of the workers in the U.S. coal mining industry. Approximately 1,500 women hold these jobs, a number that grew to 3,000 before the most recent recession hit the coalfields. The paramount concern of the UMWA is the men and women who earn their living by mining coal. Anything that affects their lives on the job or in their community is an important issue to us.

This brings us to the subject of today's hearing, an issue that affects our members on the job and in their homes. My union firmly believes that humanization of the workplace is long overdue. A worker should not have to choose between one's job and the fundamental welfare of one's family. We maintain that a well-designed parental leave program can guarantee that this choice can be resolved in favor of both concerns. For that reason, parental leave has made a great deal of sense to the mine workers as a bargaining demand.

We have sought parental leave provisions that entitles a father or mother to a 6-month unpaid leave for the care of a newborn child, a newly adopted child, or a seriously ill child. Of course, a worker's position, seniority, insurance coverage would have to be protected during the duration of such leave. In many ways, the Parental Leave Program in H.R. 2020 closely parallels our own approach.

Let me share some history as to how the parental leave proposal found its way to the agenda of our last round of national contract talks in 1984. A sociological profile of our union headquarters might provide the most readily explanation. We have experienced a major baby boom. In less than 2 years, nine babies have been born to union headquarters staff families, and two more are scheduled to arrive soon.

One health and safety expert took a 3-month parental leave shortly after his daughter was born. One of our attorneys just returned from her 6-month parental leave after adopting 3-year-old twins from El Salvadore, and unfortuntely one of our union executive assistants had to spend many hours in Children's Hospital as doctors worked to repair his newborn baby's life-threatening problems.

Indeed, the United Mine Workers can truly speak from the employer's perspective when we say that the workplace can adapt and survive quite well with a parental leave program even when a key member of the workforce takes a parental leave. But it really wasn't the baby boom at the mine workers headquarters that gave rise to parental leave proposals.

This topic was identified by the rank-and-file miners as an important bargaining priority. The issue was brought before approximately 1,500 delegates at our last 1983 convention who approved the demand by acclamation. Thus in 1984 negotiations over the national coal contract, parental leave was one of the few demands that was aggressively pursued in addition to the difficult task of securing a contract that met our membership's directive of no backward steps, no takeaways, and job security protection.

The coal operators have different ideas from the start. They wanted major concessions in wages, leave time, and insurance benefits. They did not waiver from their position until shortly before a settlement was reached, and a nationwide coal strike was averted for the first time in recent UMWA history. The operators were not prepared to concede on the parental leave program.

As their chairman put it, if it cost one penny, it is unacceptable. At the last minute, we did secure a special joint study committee on parental leave which was instructed to examine the feasibility of such a program. The committee is now in the process of formulating its final report. While the union has not seen eye to eye on all matters with the committee's coal company's representatives, all agree that the makeup of today's work force and the family structure in America has vastly changed over the past decade.

The coalfield communities definitely reflect this development. The current population figures which we cite in our full statement, mean a dramatic change in the family's responsibility of a worker. Nevertheless, the overwhelming number of U.S. employers ignore the problem or aggravate it by implementation of absentee programs which trap workers in disciplinary procedures, including discharge, for taking off time for parental leave purposes.

As you can surmise why the joint committee would agree on certain population statistics, other matters provided more lengthy and sometimes heated discussions. Today, I would like to share some of the union's information and reflections on those issues. As a result of the Discrimination Act of 1978—the Pregnancy Discrimination Act of 1978, working women are entitled to all benefits available to other disabled workers during any pregnancy-related disability.

However, once a mother's postchildbirth disability ends, she no longer enjoys job and insurance protection unless she is granted a parental leave. Thus, a woman, including a nursing mother, who wishes to stay home with a newborn child for his or her early months, may be forced to choose between her child and her livelihood. In fact, one disheartening development after passage of the 1978 pregnancy discrimination legislation is that employers have forced this choice upon working mothers with more and more frequency.

Frankly, it appears to be a punitive measure as if to say to those working mothers that they will have to pay for their claim of equality. Instead of extending parental leave to both parents, these employers have cut off anyone's access to the leave. Thus, fathers of newborn children face a similar predicament. A father who needs to assume extra family responsibilities while a mother is hospitalized for childbirth or still incapacitated at home, has no automatic right to take extended time off.

Obviously the same problems face the father who wants to share the initial parenting or who may desire, for a variety of reasons, to be the primary provider of care for a newborn once the mother returns to work. Fathers no longer want to be excluded from the intimate bonding experience during the first year of a child's life.

Workers who wish to adopt children often face a special dilemma. Some adoption agencies actually require an adopting parent to stay home for an extended period of time upon the placement of the child at the couple's home. But workers facing the adoption process are not entitled to sick leave as neither parent is disabled. Further vacation or personal leave time is inadequate to provide the amount of time desired.

While the adoption application process may take years, couples frequently receive only a few days notice of the actual arrival of the child. Therefore, it is difficult to plan and accumulate paid days leave even on a limited scale. Caring for a seriously ill child presents special problems to working miners. Treatment centers for serious illnesses such as cancer are often located in urban centers, forcing families in rural communities to travel great distances. I think in particular, of one coal miner I know, whose child has cancer, and who must travel nearly 400 miles round trip each month from his rural home to take his child for treatment at a medical center in Morgantown, WV.

Mrs. **Schroeder**. Mr. Webber, your testimony is very helpful. Would you now care to move to the summation?

Mr. **Webber**. Yes.

We believe that any additional cost of the Parental Leave Program would be minimal and offset by cost savings due to the reduction of stress-related accidents. For individuals who would be otherwise forced to quit or leave their employment, it would also improve workplace morale. I can tell you that the United Mine Workers will continue to push for its parental leave proposals. We have asked for a pilot program to be put in place so that we can study it for 1 year.

What we have seen mostly from the business people that we deal with is that it is just fear that we have to oppose. They have fear of high cost. They have fear of excessive absenteeism, but basically it is the fear that we have to overcome, and we see the route of doing that from our prospective is to implement a pilot program.

We do have, which is in the testimony, a very small Parental Leave Program with one company that I helped negotiate, and it is only a 5-day leave, unpaid leave, but it is an important first step. And we very much applaud this joint committee's work and support the bill wholeheartedly.

[The statement of Mr. Webber follows:]

Statement of Stephen F. Webber

Good morning, Chairpersons Schroeder, Clay, Oakar, and Murphy. My name is Stephen F. Webber. I am an elected member of the International Executive Board of the United Mine Workers of America. I am testifying before your subcommittees today on behalf of my international union in support of Federal legislation mandating parental leave programs in the workplace.

There are some people. I'm sure, who would react with surprise when they learn ~~that the mine workers union is deeply involved in the issue of parental leave and~~ that a UMWA official was scheduled to testify here today. I can hear them now: what's an official of a macho male coal miners union doing in a place like this? Obviously, anyone who voices a question like that knows very little about the mine workers union of today or about the great history behind it.

If I may, I would like to begin by providing some background on the union and the people that we represent. The United Mine Workers of America is composed of approximately one quarter of million working, retired and unemployed coal miners and related workers throughout the United States and Canada. Relative to some other labor unions the UMWA is small in numbers, but we are the nation's largest energy producing union. UMWA members mine every type of coal that is mined in the United States—anthracite, bituminous, subbituminous and lignite. In addition to the actual mining of coal, our members also are actively engaged in the construction of coal mines and preparation plants. The repair and maintenance of equipment and the reclamation of coal lands after the coal has been mined. Thus, UMWA members are involved in every phase of the coal production cycle.

As I mentioned, UMWA miners are spread throughout the United States, with contracts covering approximately 20 States. While our membership is somewhat concentrated in the coal mining communities of Appalachia and the interior basin, we also represent thousands of underground and surface miners in the South, the Southwest, the Northern Great Plains, and the Rocky Mountains. All told, we represent about 70 percent of the workers in the U.S. coal mining industry. Approximately 1,500 women hold these jobs—a number that grew to 3,000 before the most recent recession hit the coalfields.

The paramount concern of the UMWA is the men and women who earn their living by mining coal. We are concerned about their health and safety on the job, the stability of their employment and the standard of living that they maintain. Anything that affects their lives—on the job or in their communities is an important issue for us.

That brings us to the subject of today's hearing—an issue that affects our members on the job and in their homes.

My union firmly believes that the humanization of the workplace is long overdue. A worker should not have to choose between one's job and the fundamental welfare of one's family. We maintain that a well designed parental leave program can guarantee that this choice can be resolved in favor of both concerns. For that reason, parental leave has made a great deal of sense to the mine workers as a bargaining demand. We have focused on a demand for an automatic right to six months of unpaid parental leave for a working mother following the period of disability associated with birth. Parental leave for a male miner to care for his newly born, and parental leave for either working parent in the case of adoption or a seriously ill child. Our proposal would require the employer to maintain full insurance coverage during the leave. It would also entitle the worker to return to his or her same job and accumulate seniority while on leave. In fact, in many ways, the parental leave program in H.R. 2020 closely parallels our own approach.

Let me share some history as to how the parental leave proposal found its way to the agenda of our last round of national contract talks in 1984.

A sociological profile of our union headquarters might provide the most ready explanation. We're experiencing a major baby boom. In less than two years, nine babies have been born of union headquarters staff families and two more are scheduled to arrive soon. Few have been untouched by this phenomenon. That includes me. In December 1983 my wife and I adopted a beautiful baby girl increasing our children to four. While I did not take parental leave, I have truly experienced the bonds and joys of fatherhood, and know first-hand the exhausting demands that fall on a new mother. Clearly parental leave is an important objective for both parents. Our health and safety expert did indeed take a three month parental leave shortly after his daughter was born and his wife had returned to work. One of our lawyers just returned from her six month parental leave after adopting three-year old twins from El Salvador. Her husband, a lawyer for the Association of Flight Attendants, has just completed a two and one half month parental leave which followed hers. And unfortunately, one of the top union executive assistants had to spend hours in Children's Hospital as doctors worked to repair his newborn baby's life-threatening problems.

Indeed, the United Mine Workers can truly speak from the employer's perspective when we say that the workplace can adapt and survive quite well with a parental leave program. Even when a key member of the workforce takes a parental leave.

But it really wasn't the baby boom at the mine workers headquarters that gave rise to the parental leave proposal. This topic was identified by the rank-and-file of our union as an important priority. During preparation for our 1983 union convention (held every four years), local union resolutions calling for parental leave to be part of our bargaining agenda poured into the union headquarters. In line with our procedures, the issue was then raised in the appropriate convention committee and eventually brought before approximately 1,500 UMWA convention delegates who approved the demand by acclamation.

Thus, in 1984 negotiations over the national coal contract with the Multi-Employee Association of Major Coal Producers, parantal leave was one of the few union demands that was aggressively pursued in addition to the difficult task of securing a contract that met our membership's directive of "no backward steps and no takeaways and advances in job security protection." The coal operators, of course, had different ideas. From the start, their message was crystal clear. They wanted major concessions in wages, leave time, and insurance benefits. They did not waiver from their position until shortly before a settlement was reached and a nation-wide coal strike averted for the first time in recent UMWA history. As previously mentioned, we had sought a parental leave provision that entitled a father or mother to a six month unpaid leave for the care of a newborn child, newly adopted child or seriously ill child. Of course a worker's position, seniority and insurance coverage would have to be protected during the duration of the leave. As zero hour approached for settlement. However, it was clear the operators were not prepared to concede on this demand. As their chairman put it, "if it costs one penny, it's unacceptable."

The Union's negotiation committee still persisted and ultimately secured, at the last minute, a special joint study committee on parental leave which was instructed to issue a report on the feasibility and specifics of such a program after examining all aspects of it.

And that's just what has been done. The Special Parental Leave Study Committee is now in the process of formulating its final report. While the union has not seen eye-to-eye on all matters with the committee's coal company representative (who, by the way, come from consolidation coal, Beth-Energy, AMAX, Peabody and Enoxy coal). All agree that the make-up of today's workforce and family structure in America has vastly changed over the past decade. No longer is the average family comprised of a working father, with a mother at home with two children. In fact, this so-called "average family" has become the exception, rather than the norm. In 1984, a record 19.5 million mothers with children under 18 years of age were in the labor force. In the married-couple group with school-age children, the husband was the sole earner in only one quarter of the families.[1]

This remarkable change in family structure is also accompanied by the fact that a growing number of households are headed by one adult. In divorce situations, children are no longer placed only in the sole custody of the mother. Growing numbers of fathers have either sole custody or joint custody of their children. Over 12 million families in 1984 were maintained by persons living without a spouse—10.3 million by women and 2.1 million by men. The coalfield communities definitely reflect these developments.

These figures mean a dramatic change in the family responsibilities of a worker. The statistics are borne out by the considerable attention which has been given to the parental leave topic in the media. Nevertheless, while various versions of partental leave appear in national legislation in other countries. And also in programs established by several employers and State and local governmental authorities here in the United States. The overwhelming number of U.S. employers ignore the problem or exacerbate it by implementation of absenteeism programs which trap workers in disciplinary procedures (including discharge) for taking off time for parental leave purposes.

As you can surmise, while the joint committee could agree on certain population statistics, other matters provoked more lengthy and sometimes heated discussions.

Today I would like to share some of the union's information and reflections on those issues.

LEAVE FOR THE CARE OF A NEWBORN CHILD

As a result of the Pregnancy Discrimination Act of 1978, working women are entitled to all benefits available to other disabled workers during any preganacy-related disability. However, once a mother's post-childbirth disability ends, she no longer enjoys job and insurance protection unless she is granted a parental leave. Thus, a woman (including a nursing mother) who wishes to stay home with a newborn child for his/her early months—at a time when the child's schedule is normally exhausting—may be forced to choose between her child and her livelihood. In fact, one disheartening development after passage of the 1978 pregnancy discrimination legislation is that employers have forced this choice upon working mothers with more and more frequency. Frankly, it appears to be a punitive measure, as if to say to those working mothers that they will have to "pay" for their claim of equality. Instead of extending parental leave to both parents, these employers have cut off anyone's access to the leave.

Thus, fathers of newborn children face a similar predicament. A father who needs to assume extra family responsibilities while a mother is hospitalized for childbirth or still incapacitated at home has no automatic right to take extended time off (paid or unpaid). Obviously, the same problem faces the father who wants to share the initial parenting or who may desire, for a variety of reasons, to be the primary provider of care for a newborn once the mother returns to work. Fathers no longer want to be excluded from the intimate bonding experienced during the first year of a child's life.

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[1] U.S. Bureau of Labor Statistics Report, 1984, based on March 1984 current population survey.

LEAVE FOR THE CARE OF A NEWLY ADOPTED CHILD

Workers who wish to adopt children often face a special dilemma in adjusting their work obligations to accommodate extra resposibilities at adoption time. First of all, experts agree (as common sense would suggest) that it is very important for at least one adopting parent (particularly in the case of an older child) to spend extended time with a newly adopted child to meet the psychological needs of both the child and the parent who must forge a new relationship. Some adoption agencies actually require an adopting parent to stay home for an extended period of time upon the placement of the child at the couple's home. Obviously, workers facing the adoption process are not entitled to sick leave. As neither parent is disabled. Further, vacation or personnel leave time is inadequate to provide the amount of time desired. While the adoption application process may take years, couples frequently recieve only a few days' notice of the actual arrival of the child. Therefore, it is difficult to plan and accumulate adequate paid days' leave, even on a limited scale.

LEAVE FOR THE CARE OF A SERIOUSLY ILL FAMILY MEMBER

Caring for a seriously ill child presents special problems to a working miner. First of all, few child care providers will accept a sick child. Second, no reasonable person would question the importance of a parent's availability at a hosptial where his/her child is confined for treatment—for consultation and emotional purposes. Further, treatment centers for serious illnesses such as cancer are often located in urban centers, forcing families in rural communities to travel great distances for periodic appointments. The serious illness of one's child is a great emotional and physical drain. It is cruel to compound that tragedy with anxiety over whether time away from work in handling this crisis may result in discipline or discharge.

The experiences which emerge when the issue of parential leave for a seriously ill child is raised are truly heart-wrenching. I think, in particular, of one coal miner I know whose child has cancer and who must travel nearly 400 miles (round-trip) each month from his rural home to take his child for treatment at a medical center in Morgantown, WV. Our parental leave proposal would protect him from discipline and the vicious cycle of absenteeism programs for these periodic absences.

I also think of the woman coal miner from an A.T. Massey operation who recently attended a union meeting in West Virginia with her comatose five year old son. Two years ago he suffered convulsions after choking on a piece of food. In a split second her life was radically changed. As a single parent, she had to assume twenty-four hour care of her son and could not return to work unless other nursing arrangements were in place. Here is a woman who worked in the mines until four days before giving birth to this child because she couldn't afford to leave her job. Now a cruel twist of fate has left her without options. Had a parental leave program been in place at least she would have had a chance of restoring some degree of stability to her life.

Then too there is the woman coal miner from Indiana whose daughter suffers from a rare physical disorder first discovered at age 11. She now requires institutional care and has been shifted from one State to another in search of the appropriate facility. Now her mother must travel to Texas on a periodic basis to visit her and consult on treatment plans. She lives in fear, however, that one more emergency trip may cause her employer to terminate her.

I am sure my brothers and sisters in the labor movement could identify a multitude of similar experiences which cry out for a parental leave policy.

I would be less than candid to suggest that the company representatives on the joint committee have wholeheartedly embraced the parental leave notion. Unfortunately, they conjure up fear of widespread absenteeism and high costs.

The union disagrees with their assessment. A commonsense appaisal of the utilization rate of a parental leave program indicates that few workers would actually opt for the leave. But those who do would greatly need the benefit. Most significantly, the "unpaid" nature of parental leave would severely limit a worker's ability to take extended leave except where family circumstances left him or her no other option.

The coal operators also argue that implementation of a parental policy will result in an increase in absenteeism and that absenteeism will result in more accidents because other untrained workers will have to be transferred to cover for the person on leave.

The UMWA rejects these assumptions for several reasons. In the first place, the magnitude of parental leave absenteeism is likely to be small. Second, in many cases, absenteeism under the parental leave policy is predictable. For example, the prospect of a birth or adoption is known well in advance, although the precise date of the event is in doubt. Likewise, having to care for a seriously ill child may come as no surprise, particularly when associated with long-term treatment for chronic illnesses such as cancer. This being the case, it is possible to plan for most disruptions caused by a person taking leave. A replacement person could be broken in on a new job in anticipation of the leave, and thus the risk of accidents could be reduced by appropriate training.

The UMWA also maintains that any statistical association between absenteeism and accidents is only weakly established by the data. In fact, we believe parental leave could actually reduce, rather than provoke, accidents in the mines. Studies reveal that family events such as a birth, adoption, or an episode of a seriously ill child [2] rank high on the scale of life experiences which cause stress.

Although there has been considerable speculation that stress is a contributing factor to industrial accidents, the union is familiar with only one study that examines the issue empirically. This study was a comparison of stressful life events among a group of people who had had industrial accidents compared with such events among people who had not had such accidents.[3] These authors concluded, ". . . subjects in the present study were experiencing more life change events. More associated stress, and more undesirable changes than people in general."

Thus, stress associated with birth, adoption, or care of a sick family member may well contribute to an increased risk of accidents on the job. A parental leave program could help alleviate this stress or at least lessen the opportunity for workplace accidents or productivity impairment.

In sum, the union believes that any additional costs of a parental leave program would be minimal and offset by cost savings due to reduction of stress-related accidents, retention of experienced workers (particularly female miners who might otherwise be forced to quit) and improved workplace morale.

CONCLUSION

The union is hopeful the companies represented on the Joint Parental Leave Study Committee will soon agree with us to implement a pilot program on parental leave. We are confident that once they see such a program in operation. They will no longer voice their current apprehensions about the cost or feasibility of the policy. Just as management has adjusted quite well to leave programs for bereavement, jury duty and military service. I am sure they will come to recognize and accommodate their even greater social obligation to support the welfare of the American family.

Meanwhile, the union shall continue to raise parental leave at future bargaining tables. Already, at LH&J Coal Co., a small Pennsylvania coal operator, I chaired a union negotiating team that secured five additional unpaid parental leave days in the contract for the birth of a newborn, newly adopted or seriously ill child. It is a far cry from six months, but it is an important first step.

I have no doubt that the UMWA will continue to push for its parental leave proposal until someday it is a reality in our national coal contract. But less than 20 percent of the United States workforce is represented by a union or covered by the protection of a collective bargaining agreement. That is why the UMWA applauds your concern for this topic and why we support the passage of parental leave and disability legislation.

In the early years of my union's history, children toiled for hours in the sweatshops of our Nation. You may have seen the photographs of children in the coal mines. Images which sear your soul and mark a shameful period of early industrial ~~America. Legislation~~ was finally passed in Congress which put an end to this dark episode in our history. But let's be honest. Employer policies can still devastate our children's well-being. When a company can force a nursing mother back to work, when a company can deny a father or mother the chance to bond as a family with their newborn, when a company can deny a newly adopted child the hours of parental attention which may be the child's key to security and trust, or when a company can deny a seriously ill child in pain the comfort and care of loving parents, much has yet to be done.

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[2] See, for example, "The Social Readjustment Rating Scale," Holmes and Rahe, Journal of Psychosomatic Research (1967) 11:219-225.

[3] "Industrial Accidents and Recent Life Events," Levenson, Hirschfeld and Hirschfeld, Journal of Occupational Medicine vol. 22, No. 1, January 1980.

Approximately 65 years ago, laws were passed to prohibit child labor. It is time that Federal legislation moved one more step forward and entitled working parents to be with their children in times of need.

Mrs. **SCHROEDER**. Thank you, and I really appreciate your testimony from an employer, an employee, and a parent. I think you wore lots of hats, and we appreciate that very much.

Let us now move to Kathleen McDonough. We welcome you.

STATEMENT OF KATHLEEN McDONOUGH

Ms. **McDONOUGH**. Good morning. Thank you, Madam Chairman.

I will happily summarize my statement given the time and the many details that have been put before you.

General Foods is very happy to participate in this hearing and welcomes your multiple committees' interest in this very significant national issue. General Foods is the Nation's largest food manufacturer. We employ 35,000 people in this country, 55,000 people around the world.

Many of our employees are women in various capacities. To summarize, first let me give you a statement on our philosophy which explains what brings us to your table this morning and brings you to initiate this legislation. This is articulated by former chairman of General Foods, Clarence Francis, who is a renowned business manager.

In 1948, Mr. Francis said, "I believe the greatest assets of a business are its human assets, and the improvement of their values, are both a matter of material advantage and moral obligation. I believe, therefore, employees must be treated as honorable individuals, justly rewarded, encouraged in their progress, fully informed, properly assigned, and their lives and work given meaning and dignity both on and off the job."

That philosophy underlies the multiple many-dimensioned benefits programs which General Foods does offer to its employees. And those programs include life insurance, health insurance, training education, employee guidance, and leave programs, and salary administration. Corporate policy dominates the administration execution of those programs. We consider that to be in benefit or to the benefit of the corporation and to each and all of our employees and their families.

Our guiding principle for that is insuring that the programs, all of them, which we administer, can meet the contemporary and future needs of our employees within a reasonable cost structure and also be competitive with programs of other employers. Within that framework, we have lately, as of April 1985, revised what was formally our maternity leave policy, and have now instituted General Foods maternity and child care leave policy, which has many options for parents, and I stress for parents, to balance the demands of their careers and those of their personal lives.

I would like to outline those options for you. First, maternity leave carries the benefits authorized by General Foods nonoccupational accident and sickness disability plan. Normally maternity leave can begin up to 2 weeks before the expected birth of a child, and up to 4 weeks in advance for those holding a sales job. Where job requirements and employees' physical conditions may indicate different scheduling, that determination is made by the General Foods stock person.

Maternity leave may continue for up to 6 weeks after a normal delivery and up to 8 weeks after a cesarian. Following maternity leave an employee is guaranteed return to her job or to a similar one, depending upon the conditions of the workplace. If complications arise in a new mother's physical condition after birth which extend the employee's disability, then that disability period up to a maximum of 26 weeks, according to the mother's eligibility is covered.

After the period of eligibility—excuse me, I would like to note that the disability plan is at 100 percent of base salary. After that disability period has been extended, 60 percent of base salary is remunerated to the mother throughout the disability period. Thereafter, a new mother or a new parent may take child care leave. Child care leave is unpaid leave with the same return-to-work guarantee as maternity leave.

Employees, both men and women, may take up to 6 weeks of child care leave following the birth of the baby or the adoption of a child. And this can be taken in addition to maternity leave. All medical, dental, and life insurance coverage continues during this period as long as the employee makes his or her normal contributions to the plan. Personal leave, in addition to these other leaves, may be requested for a period of up to 12 months, including the child care leave.

Such personal leave may be granted depending on the needs of the business. Personal leave does not carry either pay or return to work guarantees, although the employee's desire to return to work will be duly considered and accommodated wherever possible, as long as there can be a job opening found.

Finally, we have made arrangements for flexible time, part-time or job-sharing approaches to work following birth or adoption of a child. This may continue up to 1 year after the birth or adoption, and it again must be done accommodating the business unit's needs. There is no penalty for any employee exercising any of these programs. All the employees' rights, seniority rights, pension rights, et cetera, are maintained, even with the 1-year's personal leave.

Finally, we believe after just a very short period of having this program implemented, but after some long years of study, that this program will meet the twin tests that we set for all our employee programs: Responsiveness to employee needs and the realities of their everyday lives, and the competitiveness with parental leave plans of other employers.

And we believe that these policies reflect society as it is and allow us to continue to attract and to retain superior employees in the fulfillment of our business objectives. Thank you.

[The statement of Ms. McDonough follows:]

STATEMENT OF KATHLEEN C. MCDONOUGH, DIRECTOR, CORPORATE ISSUES, GENERAL FOODS CORP.

General Foods is pleased to participate in this hearing this morning as your committees begin their formal review of employment practices and employee needs relating to parental leave. We are happy to share with you the specifics of our company's parental leave policy and of the management policies which underlie it.

General Foods Corporation, the largest food manufacturer in the United States, employs fifty-five thousand people throughout the world. Thirty-five thousand are in the U.S., of whom eight thousand six hundred are salaried employees.

The Company's philosophy regarding its responsibilities as an employer and its employment practices may have been articulated best by Clarence Francis, who, when Chairman of General Foods in 1948 said:

"I believe the greatest assets of a business are its human assets and the improvement of their value is both a matter of material advantage and moral obligation. I believe, therefore, that employees must be treated as honorable individuals justly rewarded, encouraged in their progress, fully informed, properly assigned, and their lives and work given meaning and dignity both on and off the job."

That philosophy continues to guide General Foods in its personnel policies and in its salary and benefits program which have evolved and continue to evolve with society.

General Foods today provides its employees with a comprehensive employee benefits program which includes: salary administration through the management process; vacation and leave schedules; medical and dental health insurance, life insurance, employee guidance programs, health fitness, education and training programs. The administration of these programs is conducted by our Personnel Department in fulfillment of corporate policy.

And important function of administering our salary and benefits program is in insuring that the programs can meet contemporary and future needs of employees within a reasonable program cost structure and be competitive with programs offered by other employers.

Within this framework of policy, General Foods revised its maternity leave policy in April, 1985 to accommodate the current and anticipated future needs of our employees and their families.

General Foods Maternity and Child-Care Leave Policy encompasses multiple options for parents to balance the demands of their careers with those of their personal lives. The program provides for the following:

Maternity Leave—This leave carries the benefits authorized by General Foods' Non-Occupational Accident and Sickness Disability Plan.

Normally, maternity leave can begin up to two weeks before the expected birth of a child and up to four weeks in advance for those holding a sales job. Where job requirements and the employee's physical condition may indicate different scheduling of maternity leave, the determination is made by the General Foods doctor.

Maternity leave may continue for up to six weeks after a normal delivery and up to eight weeks after a Caesarean.

Following maternity leave, an employee is guaranteed return to her job or a similar one.

Should complications arise which extend an employee's disability, maternity leave is extended up to 26 weeks, as provided by the Disability Plan. Two weeks of eligibility under the Disability Plan begin on the date of employment: two additional weeks are added, to a maximum of 26 weeks total, on each anniversary of employment. Basic benefits during a disability leave equal an employee's base salary. Should an employee's disability continue beyond the period of eligibility, supplemental benefits, at the rate of 60% of base salary, are paid throughout the period of disability.

Child Care Leave is unpaid leave with the same return guarantee as maternity leave. Employees, both men and women, may take up to six weeks of child-care leave following the birth of a baby or the adoption of a child. Child-care leave may be taken in addition to maternity leave. All medical, dental and life insurance coverage continues during this period so long as the employee submits his or her regular contributions to the plans.

Personal Leave may be requested in addition to maternity and child-care leave for a period of up to 12 months including child-care leave. Such personal leave may be granted depending on the needs of the business. Personal leave carries neither pay nor return to work rights. Although employees' desires to return to active employment at General Foods will be accommodated where possible.

Flexible Time, Part-Time or Job-Sharing arrangements can be arranged, where possible according to the needs of the business up to a year after the birth or adoption of a child. It is General Foods policy to be as accommodating as possible in facilitating these arrangements. but they must be arranged according to the needs of the business unit.

General Foods believes this policy to meet the twin tests of responsiveness to contemporary employees' needs and competitiveness with parental leave plans of other employers. We believe that these policies reflect society as it is and allow us to continue to attract and retain superior employees in the fulfillment of our business objectives.

Mrs. **Schroeder**. Thank you very much. It sounds like one of our problems is to clone Mr. Francis.

Our last witness this morning, is the one I truly want to thank. I want to thank you so much for what the Junior League has been doing on this issue, and we are counting on you to get your members to work on their spouses, many of whom I am sure, are with corporations which will be screaming and yelling about this bill. We are sure you will spread the enlightenment. We welcome you.

STATEMENT OF JOAN KRUPA

Ms. **Krupa**. I will be brief. I would like to ask you, however, if your title 2020 was by design or coincidence since it is indeed visionary and far from shortsighted, I think 2020 is very appropriate.

Mrs. **Schroeder**. I wish I could take credit for saying, yes, we planned it that way. But it turns out it is the luck of the draw. However, we can say something intervened to make sure we got the right number.

Ms. **Krupa**. Very visionary.

Mrs. **Schroeder**. God is a woman, I know it.

Mr. **Dymally**. The chairlady is a woman with great vision.

Ms. **Krupa**. My name is Joan Krupa from Dunlap, IL. I am chairwoman of the Public Policy Department of the Association of Junior Leagues. Accompanying me is Sally Or, who is our director of public policy and who indeed had a pivotal part in this publication, "Parental Leave: Options for Working Parents," which I hope you will all take time to read. The reports reflect the discussion that went on at our recent conference on the entire subject of parental leave.

The Association of Junior Leagues is an international women's organization composed of 160,000 women in 252 cities in the United States. Our purpose reflects our desire for volunteer citizen participation to help eliminate, correct, and provide direct services to our communities in which we serve.

We have a particular interest in the area of parental leave because 100 percent of our members who are active members are of the child bearing age. In addition, over half of our members coming into the organization are employed, so we have a keen interest in this subject. Besides that, we have had a long history of child advocacy on the Federal level, as well as on the local and State level, so I am indeed pleased to be invited to appear before you today.

I want to tell you that I became aware of the problems of a working woman and new parents who work outside the home 12 years ago when I experienced the birth of my first son. I found I was not alone in that struggle to combine work and family; that indeed three out of four women who work outside the home today will become pregnant sometime during the time that they are in the labor force.

As others have told you today, the rise of women in the work force has been phenomenal, over 20 percentage points in the last 15 years. In fact, there are 32 million children who have parents employed outside the home at this time. This increase in the labor force has a ripple effect throughout not only the family, but the marketplace, so one of the purposes of our conference was to look at the employer's perspective, as well as the employee's perspective.

The traditional role of managing a home and family sometimes takes on crisis proportions when that child arrives no matter how welcome that child may be. We believe at the association that those incredibly important nurturing functions performed by parents during those important first few months can be enhanced greatly by providing a system which allows parents to adjust to childbirth and to the period following adoption.

We believe that leadership on the national level is essential in developing a parental leave policy that is workable. I was employed full-time until 1 week prior to the birth of my son. And although I had intended to continue my work, I encountered great difficulty in finding, first of all, adequate infant day care, necessitating an early return to work. I also felt something that Dr. Brazelton talked about, great ambivalence at leaving a child that was under 6 weeks old, even though I was returning to work on a part-time basis.

In short, from my own personal perspective—physically and emotionally—I was not prepared to return. I believe the legislation that is introduced gives a more reasonable amount of time to make those kinds of adjustments. Today many single heads of households or two-parent families find that staying at home for a sufficient period of time is really an economic impossibility. And furthermore, many women find great satisfaction in their jobs and do not want to be forced out of the labor market by a lack of a parental leave policy.

So in March 1985 the Association of Junior Leagues convened a national conference, many of the participants at that conference were panel members here today. The participants considered employees' and employers' points of view, medical, psychiatric, and child development perspectives on the issues. I am submitting a copy of the report for your review, but the following policy statement was adopted by those conference participants, and I would just like to read that short piece.

> Employees should have the right to paid job-protected leave with continuation of existing health benefits for temporary, nonoccupational disabilities including those that are pregnancy- and childbirth-related. To elect a job-protected leave of absence for parenting. The methods to fund parenting leave should be explored. While your bill, H.R. 2020, does not include a requirement that paid disability or paid parental leaves become available, I am optimistic, as is the Association of Junior Leagues, that the need for some form of paid leave will become very apparent as you progress in these hearings.

During a discussion of paid versus unpaid leave at the association's conference, the importance of paid leave was certainly underscored. Conference participants agreed that low income employees simply can't afford to stay away from work very long, and lacking a resource such as an entitlement of some sort, low income parents are forced to return to work too soon for either the well-being of their mother or the child.

This problem is aggravated by the fact that low income parents simply can't afford the higher quality child care, and therefore we get into the whole companion issue of substandard childcare.

We are very pleased that H.R. 2020 recognizes the need for paid parental leave by mandating the establishment of a commission to recommend a means to provide salary replacement. I also heard concerns about paid leave echoed throughout the morning. We are hopeful that the group of subcommittees that have arranged these hearings, can expedite the search for a suitable way of financing a paid TDI system by amending H.R. 2020 to include incentives, and/or directives which will lead to the provision of TDI coverage in all States.

I really do appreciate the opportunity of appearing before you, and I commend you on your support of this. Thank you.

[The statement of Ms. Krupa follows:]

PRESENTED BY JOAN KRUPA, CHAIRMAN, PUBLIC POLICY COMMITTEE, THE ASSOCIATION OF JUNIOR LEAGUES, INC.

Good morning. I am Joan Krupa of Dunlap, Illinois, Chairman of the Public Policy Committee of the Association of Junior Leagues and past president of the Junior League of Peoria. The Association of Junior Leagues is an international women's volunteer organization with 252 member Leagues in the United States, representing approximately 160,000 individual members. Junior Leagues promote the solution of community problems through voluntary citizen involvement and train their members to be effective voluntary participants in their communities.

The Association's commitment to the improvement of services for children and families is long-standing. Junior League volunteers have been providing such services since the first Junior League was founded in New York City in 1901. In the 1970's, the Association and individual Junior Leagues expanded their activities to advocate for legislative and administrative changes directed at improving the systems and institutions which provide services to children and their families. These advocacy activities have focused on issues such as child care, child health, child abuse and neglect and child welfare services. The Association's interest in parental leave is consistent with its active support for child care legislation at the local, state and national level and its role as an international women's organization interested in ensuring women's economic progress.

I am particularly pleased to have the opportunity to appear before you today on behalf of the Association to discuss H.R. 2020, the Parental and Disability Leave Act of 1985. The Association convened a national conference in March, 1985, as a forum for discussion of parental leave policies in the United States. This conference provided an opportunity for looking at parental leave from the employee's and the employer's point of view. Conferees also discussed medical, psychiatric and child development perspectives and legal issues.

The conference was attended by 45 representatives from the academic, governmental, business and labor communities, the Association of Junior Leagues, national women's organizations and child advocacy groups. I am submitting a copy of the report for your review. The following policy statement was adopted by the conference participants:

Employees should have the right: to paid job-protected leaves with continuation of existing health benefits for temporary, non-occupational disabilities including those that are pregnancy- and childbirth-related; to elect a job-protected leave of absence for parenting.

Methods to fund parenting leaves should be explored.

The rationale developed to accompany the policy statement points out that, "The time generally provided for disability is not sufficient for many parents to launch their families. Therefore, it is vital that a parenting leave be offered which is distinct from pregnancy-related disability. Such leave should be available to both mothers and fathers and over both birth parents and adoptive parents."

NEED FOR PARENTAL LEAVE

Since most parents today combine work and family responsibilities, the need for parental leave is apparent. As a recent Bureau of Labor Statistics report points out, the rise in female labor force participation over the past 15 years "has been phenomenal—about 20 percentage points." Six out of ten mothers with children under 18 were in the labor force in March 1984. In other words, 32 million children have working mothers; nearly 20 million of these children are under 13. Three out of four women working today will become pregnant some time during their working lives.

This increased female labor force participation sends ripples through the family and the marketplace. As women take on more work outside the home, they have less time for their traditional role of managing home and family. This is particularly problematic around the time of childbirth and for a period of time immediately following childbirth. Most women who want to maintain a career and a family—or are forced to continue working out of economic necessity—need some time off at and following childbirth. Not to provide that time is to invite problems for women and their families. These problems are also manifested on the job.

We also believe it is important to promote policies which will make possible a greater participation in child care by fathers. While long-term paid parenting leaves for new fathers are rare and not likely to develop in the near future, short-term leaves, if available, would provide an incentive for greater participation of fathers. As Dr. Joseph Pleck of the Wellesley College Male Roles Program has suggested, fathers need motivational and parenting skills as well as social supports. We believe that these needs are an important factor to consider in developing legislation. Parental leave legislation should be gender neutral, thus accommodating those families in which the father chooses to remain at home with new born or newly-adopted child. In addition, such a gender-neutral approach would ensure that the law would not be vulnerable to challenge on the basis of sex discrimination.

ASSOCIATION'S CHILD CARE POSITION

The Association's interest in parental leave as stimulated by a Wingspread national conference, "Child Care: Options for the 80's," which the association sponsored in 1982. In developing an agenda for action to make child care more affordable and accessible, participants at this conference recommended the establishment of paid maternity/paternity benefits as part of statewide temporary disability insurance programs. This recommendation was based on concerns about infant and toddler child care in the United States and the growing tendency of mothers of very young children to return to work shortly after childbirth. The child care conference participants believed that parental leaves would offer an option for parents who would prefer to remain at home for a period following childbirth or the adoption of a child. The bonding process of families and children also would be facilitated, and employers would ultimately benefit from the improved productivity which ensures when the employee's family problems are minimized.

Child care issues are a high legislative priority for the Association, and we have testified in favor of legislation which promotes the affordability and accessibility of quality child care. The Association's position on child care also is acknowledged in the following child care concepts, which the AJL Board approved in 1981:

1. Child care should be easily accessible and affordable to all parents who want it.
2. A wide variety of child care program should be available to meet the needs and preferences of children and their families.
3. Certain minimum standards of licensing requirements should be in place to ensure that health, safety and well-being of children.
4. Strong information and referral systems should be established.

PREVIOUS ASSOCIATION TESTIMONY ON CHILD CARE/PARENTAL LEAVE

In testimony before the Select Committee on Children, Youth and Families, in September, 1984, the Association recommended greater federal leadership to improve the affordability and availability of child care; we also believe that federal leadership is important and essential to securing parental leave coverage. While five states have initiated programs that cover temporary, non-occupational disabilities including those related to childbirth, most do not have such coverage and may be reluctant to initate it without a federal directive or incentive. In any case, the average disability leave related to childbirth is only six to eight weeks. Many parents want and need a longer period of time to get a good start at parenting even if this leave is unpaid. Therefore, we testified before the Select Committee that, "The Association supports policies which would affirm the rights of parents to paid and job protected leaves after childbirth. This could result in less need for infant care facilities and help children get a better physical and emotional start in the first critical months."

JUNIOR LEAGUES SUPPORT CHILD CARE SERVICES IN THE COMMUNITY

In addition to the Association's advocacy efforts on child care and parental leaves, many Junior Leagues support child care services in their communities. In 1984/85, 64 Leagues reported supporting 55 child care projects with a volunteer component of more than 500 members. These Leagues also had contributed almost $500,000 to the projects since they were initiated. Projects such as these have been helpful in informing Leagues about the need and desire for parental leaves. Many of the projects report a rising demand for child care services for very young children. A large number of the parents seeking infant care report they would delay placement of the child if some parental leave options were available.

For instance, the Child Care Resource and Referral Project of the Junior League of Des Moines, an information and referral service operated cooperatively with Polk County, reports that requests for infant care account for 75% of the more than 3,000 calls received annually; this percentage of requests for infant care has remained constant for the past three to four years.

Currently, only eight of the approximately 65 child care centers in the Greater Des Moines area provide care for infants. Three of these eight centers are operated by hospitals exclusively for hospital employees; all eight have very long waiting lists. Iowa has no laws mandating the licensing or certifying of family day care providers. Accordingly, no information exists on how many families use family day care homes or how many of these families place infants in family day care.

A second survey of Iowa state employees, many of whom use the Resource and Referral Project, was conducted from January 1, 1985 through August 31, 1985. Forty-two percent of these families requested infant care which, in the study, was defined as care for a child 12 months or younger. Some of the children for whom care was sought were as young as six weeks of age; the average maternity leave for the majority of employers in Des Moines is six weeks.

Many of the mothers seeking infant care from the project express conflict about placing their newborns in care. However, the project reports that the decision to return to work is generally not a choice for most of the mothers seeking infant care. Increasing numbers of families requesting infant care are single female heads-of-household. In other cases, both parents' income is essential to maintaining the family; neither parent has the option to remain at home to care for the newborn child without significantly lowering the family income.

Another project, Child Care Resources, which the Junior League of Charlotte helped to initiate, has been operating for three years, serving Mecklenburg County, North Carolina, including the City of Charlotte. Staff of the Child Care Resources also report that requests for infant care are running very high, far outstripping the few resources which are available. Currently, 400 low-income families in the county who are eligible for Title XX-funded care cannot find care for their infant children. Middle income families report that they cannot find infant care at any price.

In addition to the lack of available care, Child Care Resources staff report that many mothers express dissatisfaction with the very fact of having to find care for their infants. The mothers indicate they would prefer to delay returning to work, feeling they are leaving their babies too soon.

Child Care Connection, operating in Oklahoma City with support from the Junior League of Oklahoma City, also reports long waiting lists for the few centers which do provide infant care. Of the centers offering infant care, most define "infant" as 12-18 months of age. Most families expect the search for infant care to be difficult; Child Care Connection reports that women are calling "earlier and earlier" in their pregnancies. One mother called the center when she was pregnant anticipating returning to work when her child would be six weeks old—the maximum period of maternity leave to which she was entitled. She received here first call back from the center when her baby was six months old.

CRISIS IN INFANT AND TODDLER CHILD CARE

Other national groups share the Association's concern with the need for a parental leave policy. As a recent report "The Crisis in Infant and Toddler Child Care," issued by the Ad Hoc Day Care Coalition, points out, there is a crisis in infant and toddler child care in the United States. Twenty-six national organizations, including the Association of Junior Leagues, signed a statement indicating they share the concerns listed in the report. The report cites the following facts:

Almost four and one-half million mothers of children under three years of age were currently employed or actively seeking work in 1984. The number of mothers returning to work while their babies were less than a year old increased by 95% between 1970 and 1984.

The Coalition that issued this report includes such diverse groups as the National Black Child Development Institute, the National Association for the Education of Young Children, the National Center for Clinical Infant Programs, the Children's Foundation, the Children's Defense Fund, the Child Welfare League, the Board of Church and Society of the United Methodist Church, and the Women's Equity Action League. The report documents growing demand for child care for infants and toddlers, similar to that reported by the Junior League child care projects described earlier, and cites the following statistics from child care centers and resource and referral agencies across the country:

The Rosemont Center in Washington, D.C., one of the few center-based programs in the city which accepts infants and toddlers, has closed its waiting list for infants at 250, whereas it has virtually no waiting list for older children. It is not uncommon for only one or two child care centers in a metropolitan area to accept infants.

The San Francisco Childcare Information and Referral Counselors report that of the 1,296 requests for day care referrals in the final quarter of 1984, 718 (over 55%) were for children from birth to two years old (40% of that 55% of infant calls were for babies younger than seven months). There are 18- to 24-month waiting lists for subsidized infant day care slots.

The Child Care Resource and Referral Center in Rochester, Minnesota reported in 1985 that 62% of requests for day care referrals were for children two years and under, 50% for children 16 months and under.

The Child Care Resource and Referral Center serving greater Boston reports that 60% to 70% of requests are for children two years, 8 months and younger. Almost 40% are for child care for children 14 months and younger.

Child Care Connections, an information and referral program in Montgomery County, Maryland, estimates that nearly 80% of all the calls which it receives are from parents looking for infant care.

Calling for a parental leave policy which would "develop methods of support for parental leavel policies that make this a realistic option for families regardless of income or type of employment," the report states, "Many child development specialists and parents themselves believe that parental leaves to care for infants would be of substantial benefit to both child and parents. Accordingly, it is desirable to expand the child care options available to new parents."

WHY THE ASSOCIATION SUPPORTS H.R. 2020

The Association supports H.R. 2020 because it embodies most of the objectives endorsed by participants at the Association's parental leave conference, such as job-protected leaves of absence for temporary disabilities including those that are pregnancy- and childbirth-related; job-protected leaves for parents of the newborn and newly adopted; the provision of leaves on a gender-neutral basis, and the provision for flexible work schedules when parents return to work after a parental leave. We believe it is important to make a start toward enacting a sensible parental leave policy, even if the full scope of parental leave coverage endorsed by the Association is not in the final version of the bill. While H.R. 2020 does not include a requirement that paid disability or paid parental leaves be available, the Association is optimistic that the need for some form of paid leave will become apparent during hearings on this legislation. We would like to address that need specifically at this time.

THE IMPORTANCE OF PAID LEAVES

During a discussion of paid versus unpaid leaves at the Association's parental leave conference, a strong consensus developed concerning the importance of providing paid temporary disability leaves. Conference participants agreed that low-income employees simply cannot afford to stay away from work unless they receive some type of income replacement during a leave. Lacking that resource, low-income parents often are forced to return to work too soon for the well-being of the mother and the child. This is aggravated by the fact that low-income parents cannot afford the higher quality child care, and thus may rely on substandard care.

Outside of the five states which have paid maternity leaves as part of the temporary disability insurance system (TDI), the availability of paid parential leave tends to be inversely correlated with the need for such benefits. Those women in low paying jobs who need the income replacement most, in order to remain home for a period of six to eight weeks following delivery, tend not to have such benefits, while women in the professions, those in higher paying jobs, and those who work for the government or large firms are more likely to have benefits even though many could afford to stay home for a brief period without income replacement.

We believe a policy of paid leaves would be sound social policy because it would be adequate, equitable, conducive to family stability and economical. First, paid leaves would be more adequate; some financial protection is needed to assist low-income families at the time of childbirth. Second, paid leaves would be more equitable; it is inequitable that those who need paid leaves most usually do not have them. Third, paid leaves would be consistent with family stability objectives because they would enable low-income parents to remain at home with the child for a short period folliwing childbirth. They also would help prevent premature placement of a child in out-of-home care. Fouth, a paid leave approach could be economical if administered through state TDI programs such as the ones which now exist. In such programs, the costs usually are covered by contributions which are paid by all employees. In most cases, employers also contribute.

In New York state, the maximum employee contribution in 1985 is 60¢ per week—hardly expensive. All states are able to run their TDI programs with similarly low employee contributions and still run a surplus. California has the highest employee contribution—.9% of the first $21,900 of annual earnings which is a maximum of about $4.00 per week for persons earning $21,900 or more; a wage earner at the minimum-wage level (full-time/full-year) would pay about $1.20 per week. Of course, we need to know more about the full costs of the TDI programs and how these costs vary among employers—particularly small employers. We, therefore, encourage the Congress to do more research on the full costs of the TDI progams in the states which have them and how those costs are distributed. Incidentally, employers who attended our parental leave conference pointed out that a universal TDI system would provide a base on which they could build a parental leave policy.

We are pleased that H.R. 2020 recognizes the need for parental leave by mandating the establishment of a commission to recommend means to provide salary replacement for employees taking parental and disability leaves. However, we are hopeful that the group of subcommittees that arranged these hearings can expedite the search for a suitable way of financing a paid TDI system by amending H.R.2020 to include incentives and/or directives which will lead to the provision of TDI coverage in all states.

I appreciate the opportunity to appear before you today and look forward to working with you in the coming months to ensure enactment of parental and disability leave legislation. The Association's commitment to supporting quality child care and developing options for women points to the need for national leadership in support of parental leave.

Mrs. Schroeder. Thank you very much, and I want to welcome to the subcommittee a very, very distinguished member, Congressman Dymally from California. Did you have any questions?

Mr. Dymally. No questions.

Mrs. Schroeder. Again, I want to thank the panel, and I must say I am delighted to see that the Junior League is even further along than where our bill is. One of the ironies of this bill is when I talk to people from other countries, they look at me and say, "That's all?" And, when I talk to people from this country, they say, "Oh, my land, that is the most radical thing we have ever heard." So it is a very strange problem as you look at all this.

I wanted to ask about—either General Foods or the mine workers or both of you, one of the things we constantly hear is that men may not want the parental leave and may not use it. Have any men at General Foods used the parental leave that you are aware of?

Ms. McDonough. Yes, since the parental leave policy went into effect in April of this year, two men that we know of, have taken parental leave. I would point out that at least one of them is a very highly placed executive, and he has been looked at as the domino.

I think the most important thing for us with this policy is not how many men do take it, but that all men know that it is available to them, and their managers know that it is available to them, and that it is expected that anybody who wishes to take it, will take it without penalty.

Mrs. SCHROEDER. And the particular men who took it, did they have any unique reason, or were they just very interested in the development of their child?

Ms. McDONOUGH. A new child and an adopted child. A new baby—both new children, new to the families, and one with a dual-income household. And he, by agreement with his wife, was wishing very much to share parental responsibilities as that new child came into the house and to allow his wife to return to work.

Mrs. SCHROEDER. Will the domino's career be impaired?

Ms. McDONOUGH. Not at all, he is much admired.

Mrs. SCHROEDER. That's good.

Ms. McDONOUGH. I think that is a critical thing, that this is part of the philosophy of the employing company. The need for this is reflective of societal change. The company has recognized it. All managers in the company recognize it. Whether or not somebody makes a choice is an individual choice, but there is no stigma attached to this.

Parents are talked about, but children are talked about widely in the corridors of General Foods, and families are a great concern. This new policy allows us to act upon what I think has been a very long term desire.

Mrs. SCHROEDER. I think that is important, and I think that is rather what some of our prior witnesses were talking about, if you have enlightened management, then people really feel supported in making those kind of choices.

What about the mine workers? Are there real coal miners that want to have parental leave?

Mr. WEBBER. Yes, there are. As I said, predominantly our union is male. I suppose there was less than a half a dozen of the 1,500 delegates at our last convention. And as I stated, it was unanimous demand that we take to the bargaining table to obtain parental leave.

Mrs. SCHROEDER. That is remarkable with the Rambo mindset that is going on.

Mr. WEBBER. From the employer perspective, as I stated, we did have one of our health and safety experts that took the parental leave. It wasn't because of any special difficulty or any problem. He just wanted to be a part of the parenting of their newborn child. Another, an executive assistant who is not mentioned in the statement, brings his child to the office frequently, and it is something that is passed on just by the sight.

We saw the movie, the interrelationship between a child and the mother. This we see at our international headquarters are some of the ways that parenting is taking place. Speaking for myself, after a 13-year absence of a small child—my youngest boy was 13 when we adopted. To me it was a whole new experience, and I really enjoyed it. I don't know whether it came with age or what it was, or maybe the fact that it was an adopted child, but it was a whole new experience that I enjoyed tremendously. And although I had the time available that I needed, I know that there are many out there who do not, and if they feel the same and want to take that time, it is just not there for them.

Mrs. **Schroeder**. And it must be a tremendous pressure, I would think, for people who feel that push and that pull.

I want to say to the Junior League, too, I hear you so well. I wish we could pay in, because that is one of the fears I have, that the bill looks like it is for Yuppies, and I think it is very important that it is for everybody. And I honestly believe that without some kind of remuneration we won't be able to make that progress. But my fear about doing it was how some of the spouses of your members would react.

How have the spouses of your members reacted to it as far as the bill goes?

Ms. **Krupa**. Our association bill has adopted the stand in favor of parental leave policies. We are also looking at our own parental leave policies, and we hope that by modeling through our own organization, that we can enlist a lot of support.

Mrs. **Schroeder**. We just went through the issue of comparable worth, and I don't think I have ever seen so much misinformation about a bill in my whole life. We have been waiting for it to start on parental leave so we can start putting out brush fires. I think there will be every kind of horror story you have ever heard not having to do with anything, but we all know how that goes.

Well, again, I thank you all for your sensitivity, for your caring, for your waiting through this long hearing and for your very valuable testimony. Thank you very much.

With that, I hereby adjourn the hearing, and we hope that we can make some real progress on 2020. Thanks to all who stayed around and helped us.

[Whereupon, at 12:40 p.m., the hearing was adjourned, subject to the call of the Chair.]

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